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THE BRITISH HOMŒOPATHIC REVIEW.

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THE MONTHLY HOMŒOPATHIC REVIEW.



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THE BRITISH HOMŒOPATHIC REVIEW.

JANUARY, 1909.

Editorial.

"NOW'S THE DAY, AND NOW'S THE HOUR":
WITH RETROSPECT AND PROSPECT.

SEVEN years ago British Homœopathy, as a power in the State, was the dream of a few idealists; to-day it is in a fair way to make its work known and its value felt of all men.

Seven years ago British Homœopathy was in what is best described as the "water-tight compartment" stage of development. London was a separate nucleus of homœopathic work; so also was Liverpool; so was Birmingham. So also were the provincial towns; and each homœopathic settlement was almost as distinct as if on a different planet. To-day the idea of a unified, compact National homœopathy is clearly enunciated¹; experimental preliminary work of national scope has been carried out for some years by an institution called into being *ad hoc*: the idea moves.

Seven years ago homœopathic hospital extension in this country was at a standstill. Homœopathy was what its hospitals had made it, and homœopathy was accordingly at a standstill too. As is usual in social statics, the new impulse came from the prime supporters within. The new impulse was for increased hospital facilities, and it came from all parts of the homœopathic body politic. Within this month the first sod has been cut in the foundation of the Southport

¹ For its latest cogent expression see Dr. George Clifton's communication in the present issue.

Homœopathic Hospital. Within this year the Buchanan Homœopathic Hospital has added a new wing, and an extension of the Bristol Homœopathic Hospital has been opened by the Lord Mayor of that city. Within this septennate, two new homœopathic hospitals—Leicester and Bristol—have been founded, and within this septennate also every other homœopathic hospital in this country has been either rebuilt or enlarged, or has obtained the mandate and the money for extension in the immediate future.¹ Most notable in the latter category is the London Homœopathic Hospital, which purposes next year to increase its number of beds by 50 per cent., in addition to a new nursing wing. There never was such a septennate in British history as regards homœopathic hospital extension, and the urgent and insistent call is for more.

Seven years ago academic homœopathy was *nil*. The erstwhile London School of Homœopathy had dissolved; succeeding lecture schemes had enjoyed no permanence. No scholarships for systematic homœopathic lecture work, or for heightening the standard of professional skill, existed. No systematic research work was being carried out; no fully equipped tutorial organization, for the instruction of missionaries in elementary medicine and surgery, had won the admiration of all friends of the cause. To-day, how different! Pioneered by the British Homœopathic Association, all these specified forms of academic activity have sprung into being. The Honyman-Gillespie lecture courses are theoretically and practically training professional men and women, hitherto strangers to homœopathy, in a way unknown for a quarter of a century. The original research work, alike in phosphoric output and the opsonic values of remedies, is of a character alike informing and inspiring in a high degree. Scholarships for the elaborate study of homœopathy by men of prior experience, and for that greater professional fitness which our cause demands, crowd upon each other thick as leaves in Vallombrosa.

Seven years ago any concerted action such as that recently taken on a certain Parliamentary measure, and making its

¹ To wit, London, Liverpool, Birmingham, Bromley, Bath, Plymouth, Bournemouth, St. Leonards, Tunbridge Wells, Eastbourne.

influence felt in both Houses of Legislature, providing amendments to a Government Bill—such concerted action would not have been forthcoming, in that the way had not been paved for it, nor did the machinery exist. Note that the movement towards co-operation, underlying the concert, is a product of recent years, and is as important a gain as the concerted action itself. Nor, seven years ago, was the time ripe for the highest civic dignitary of the realm to confer, in a historic building, with other dignitaries of the peerage, of finance and of commerce, on the subject of increasing and intensifying the economic advantages of homœopathy to the State.

Now, *post* or *propter*, all these advances marking milestones in our history are coeval with the foundation and work of the British Homœopathic Association. The nationalization of homœopathy carried on by the Association is co-extensive with the breadth and extent of the new impetus, and the time-period corresponds also. Something must be allowed for soil—a substantial homœopathic interest was of course pre-existent. Something must be allowed for seed—the homœopathic propagandist germ is one that always and everywhere takes root and fructifies. But the new force has been derived from that diligent watering of the homœopathic plant, that specialized attention to its organs and functions in varied time and place, which has marked the work of the Association.

Without its continuity in lecture courses year by year arranged to correspond to an *annus medicus*, the culmination in a Honyman-Gillespie course could not have materialized, and this great auxiliary would have remained lost to homœopathy. Without the initial research work on acidosis, carried on by Mr. Dudley Wright for the British Homœopathic Association at the London Homœopathic Hospital, the impulse would not have been given for the clinical laboratory as it at present exists at the hospital, nor for the deeply interesting work of Dr. Wheeler on homœopathic remedies as opsonic stimuli, nor for the continuance of Dr. Frank Watkins' important investigations on phosphoric output. Without the idea and development of travelling scholarships for the special behoof of homœopathic practitioners, for the first time in British history, the conspicuous success of these

would not have attracted the public eye, and stimulated their extension and support.

The synthesised work of the Association, having the British Islands as its province; the maintenance in later years of a lecturing organism; the stimulus and support given to provincial homœopathic hospitals; the incitement to higher professional work provided in travelling scholarships; the widespread propagandism of a literary character; the shepherding in early years of the London Missionary School of Medicine; the impetus given to research work; the conduct of the *colchicum* proving as initial work of this character, these and other unified activities constitute a volume of energy still unexpended, and which has bulked largely in the homœopathic momentum of the last septennate.

Our prospect is inspiring. The immediate future is to be as full of event as the immediate past. All auxiliaries focus in the one central object—the development and extension of homœopathic aid to the sufferer. It is hospitals and dispensaries, and their extension and multiplication, that now occupy the first line of advance.

Captain and chief of the Hospital events of the immediate future is the forthcoming addition of a new wing of fifty beds to the London Homœopathic Hospital. This is the mere bald outline of the plan, for with it is interwoven every modern improvement, in appointment, in distribution of work, in nursing accommodation, and in educational facilities that our Metropolitan Hospital can be provided with. This notable extension will be a monument to the initiative and enthusiasm and hard work of the hospital authorities, and certainly not less to the liberality and confidence of the subscribers. Let us hope that the time limit for extension—once in each fourteen years¹—will hereafter be established as the normal for the oldest and largest of our clinical institutions—the London Homœopathic Hospital.

Hitherto it was our regret that only one homœopathic hospital reared its head north of the Trent, but the forthcoming Southport Homœopathic Hospital has commenced building operations, and in due course will be hailed as the

¹ The London Homœopathic Hospital was rebuilt in 1894.

second of our clinical institutions in that clear-headed and far-sighted population. This new hospital is the direct outcome of the initiative of the British Homœopathic Association. Enthusiastic and able workers in the locality have done the rest: and this model Cottage Hospital that is to be may be studied with advantage as to site, distribution of detail, and method of working.

The Devon and Cornwall Homœopathic Hospital, having not long since extended its sphere of operations, is contemplating a further addition to its structural capacity in the near future. And as we go to press news comes of a public meeting called in Glasgow to consider the establishment of a new homœopathic dispensary in that famous city. Thus the wave of progress extends almost from John o' Groat's to Land's End.

But the cynosure of eyes homœopathic is recent happenings in London. The Right Hon. the Earl Cawdor, First Lord of the Admiralty in His Majesty's last Government, recently presided at a council of homœopathic practitioners, called expressly to consider how homœopathy can be made of greater service to the State. The Right Hon. the Lord Mayor of London has been asked, and has consented, to preside at a national meeting at the Mansion House, called to publicly consider the same great topic. That the scope of action is defined by the terms "national" and "charitable" goes without saying. That it ultimately rests with those supporters of the State to whom National welfare is all-important, and charitable duties are insistent, how far this engine of health and well-being can be turned to State account, goes also without saying.

Meanwhile it is a clear call to every homœopathic physician in Great Britain to play his own personal part at this critical juncture. If the scope of the new scheme is to be national, nothing but national co-operation can make it so. To-day it is the duty of all who minister homœopathically to the sick to arouse the interest of their friends and supporters in this large and well-weighed conception. It is to our credit that we have gained the consideration of the great dignitaries of State. It will be to our eternal discredit if we should fail to rise to this situation, and give them due assurance of our

competence to fill it. If the stars in their courses fight for us, it is our part to play the man to such luminous leading. For the children of Ephraim who turned back in the day of battle there was and is naught but scathing reprobation. Unity, determination, and hard work are the three cardinal virtues which will compel success, and for the persevering exercise of these duties

"Now's the day, and now's the hour."

Editorial Notes and News.

, The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

THERE seems to be good ground for supposing that oatmeal, though rich in **Oatmeal in Diabetes Mellitus.** carbohydrate, can not only be well tolerated by some diabetics, who cannot tolerate wheat-flour starch at all, but actually to be of great benefit to the patient. Von Noorden, in 1902, first pointed out this fact. Mosso had previously shown that some diabetics can take potatoes in abundance, although unable to eat wheat-flour. Now we are always taught that starch, wherever found, has the same *composition*, that is, is composed of the same chemical elements in the same proportions. The empirical formula of starch of all kinds is $C_6H_{10}O_5$, but the molecular formula must be at least double this, for the substance forms a hexacetate when heated with acetic anhydride and sodium acetate. When starch is boiled it is resolved into two constituents, an insoluble starch cellulose which forms the outer layers of the granules, and a soluble starch, or granulose, which forms the nuclei (Naegeli, 1864). From the manner in which granulose is hydrolyzed it is probable that its *molecular* formula is $C_{120}H_{200}O_{100}$ or $(C_{12}H_{20}O_{10})_x$.

Be that as it may, Herrick supports von Noorden's claims for the oatmeal diet in diabetes. In the milder forms of the disease there were no bad effects, but the benefits seemed slight. In moderately severe cases it seems to be specially

useful in establishing a tolerance for carbohydrates, and in warding off impending coma. Herrick found it to exert a very favourable influence in the diabetes of children, if employed early. We wonder whether diabetes was less common in Scotland a generation ago, than in the sister countries? We say "a generation ago," because we greatly fear that since that time Scotland has become Anglicized, porridge being largely replaced by "bacon and eggs," and oatcakes by beefsteaks.

One fact stands out clearly, and that is, that even in dietetics the principle of *individualization* must be adopted and rigidly followed. Even here it is folly to prescribe for the *disease* and neglect the patient.

* * * *

Chemical Composition versus Constitution.

WHENCE, then, does this difference in the behaviour of starches as foods arise. It cannot be in mere *composition*, so that we must look for the explanation in the *constitution* of the starch molecule, that is, in the way in which the various parts of the molecule are linked up. So far as I am aware, this is a *terra incognita*, awaiting the advent of an Emil Fischer, who will explore it for us. We may further illustrate our meaning by a short examination of the well-known substances theobromine and caffeine, which are members of the uric acid group of substances, or purin derivatives.

* * * *

Theobromine and Caffeine.

THE active principles of tea, coffee and cocoa are two basic substances closely related to uric acid, the skeleton in all cases being the same. If we start with xanthine it will be possible to follow the changes more easily. Xanthine, which is a semi-acid substance like uric acid, occurs in the animal organism and in tea, but is best prepared from guanine, a base which occurs in guano. The lead salt, if heated with methyl iodide, gives us *di-methyl-xanthine*, and this is identical with theobromine. In the same way, when the silver salt of theobromine is heated with methyl iodide we get methyl theobromine or *tri-methyl-xanthine*. This base is identical with caffeine or theine, the alkaloid of tea and

coffee. The full scientific name of caffèine is, 1, 3, 7 tri-methyl, 2, 6 dioxy-purine, and from the chemist's point of view theine is the same. But we, as homœopaths, know that their *constitution* cannot be quite the same, since their action is so different; for this reason we believe that there must be some little difference in the linking up of the various parts of the molecule, and, by analogy, we believe that the same reasoning will explain the dietetic differences in the various starches. We quite believe that both caffèine and theine are tri-methyl-xanthines, but we doubt if the three methyls stand in the same relative positions in the two substances. Our old school friends, it will be remembered, regard some of these substances as *vaso-dilators*, e.g., caffèine and theobromine. But caffèine is a cerebral stimulant and excites the vasomotor centre in the first instance, and so the later vaso-dilation is masked. Theobromine, however, has little or no central action and causes an immediate dilatation; the substance, diuretin, is a derivative of theobromine. To eliminate the excess of sodium chloride from the tissues in cases of dropsy, as an addendum to the "saltless diet," theophyllin—a near relative of theobromine—is used. Theophyllin is 1, 3 di-methyl xanthine, and theobromine is 3, 7 di-methyl exanthine, so that both are di-methyl xanthines. We point out these ideas of the old school not to be followed, but to be avoided; nevertheless, they are interesting from their relation to the *purin* family. We hope Dr. Haig will not be unduly depressed when he reads these lines, nor Dr. A. P. Luff unduly elevated, for both may be right and both wrong.

* * * *

MR. WM. WILLETT has not in any way
 given up hope for his Daylight Saving Bill,
 and we are honestly glad to hear it. It is
 still more satisfactory that he should be able
 to show such emphatic cause as he does for the faith that is
 in him. No less than twenty-five corporations and town
 councils have passed resolutions in favour of the Bill. They
 include the Common Council of London, the Convention of
 Royal Burghs, Edinburgh, the Councils of Belfast and of
 Perth, of Wolverhampton and of Cheltenham. He has a

**Daylight
Saving Bill.**

list equally long of Chambers of Commerce who have declared for the Bill, and their names are even more impressive, for they include such great commercial centres as London and Manchester, manufacturing towns like Leeds and Oldham and Sheffield, ports like Bristol and Southampton, and such representative cities as Dublin and Glasgow and Cardiff. Certainly Mr. Willett has good cause for hope, and the public may be content to wait patiently with him for the Board of Trade report.

* * * *

AT the Annual Meeting of the Launceston (Tasmania) Homœopathic Hospital it was stated that twelve cases of enteric fever had been under treatment during the year, bringing the total number received since the opening of the hospital to seventy cases. The only fatal case of the seventy occurred this year, the patient being admitted in a moribund condition from perforation of the intestine. Such a case ought to be excluded in examining statistics, but even if not, the percentage of deaths in this series gives the extraordinarily low figure of 1.43 per cent. We believe this to be a record in the treatment of enteric fever, and it can certainly not be approached by any other than homœopathic methods. From the returns of the hospitals under the Metropolitan Asylums Board of London the mortality from 1871 to 1899 worked out at 17.2 per cent., whilst the cases notified to the Registrar-General as occurring in London during the ten years 1891 to 1900 gave a mortality of 16.9 per cent. Since drug treatment has been virtually abandoned by the ordinary practitioner, and in hospitals, in favour of the "expectant" method, some further decrease in mortality has probably resulted since these statistics. Hare, of Philadelphia, estimates the average death-rate in typhoid as 10 per cent. In the Maidstone epidemic it was only 7.5 per cent., which is probably the lowest point touched by old-school practice.

* * * *

A New Record for Homœopathy. IN 1902 Sidney Phillips, writing in the "Encyclopædia Medica,"¹ says that "A mortality of 16.9 per cent. may be taken as the average mortality of typhoid fever in London,

¹ Article, "Typhoid Fever," vol. xii., p. 509.

and it stands at much the same point as it was computed to stand by Murchison thirty years ago." Comparing this with the latest record for homœopathy by our colleagues in Tasmania, 1·43 per cent., we can imagine what an enormous saving of life, of suffering, of anxiety, and of money would result if homœopathy were in general use in the Metropolis. We do not suppose that a mortality of only 1·43 would obtain in this great city, such as in the exceptionally favourable environment of a small colonial town, but that the mortality of 16·7 per cent. would be enormously reduced under homœopathic treatment no intelligent observer can doubt after examining these figures. To those who know and understand homœopathy, there is nothing unusual in such statistics. It has been proved in cholera, pneumonia, diphtheria, and other diseases that the mortality under our treatment is enormously reduced. One of the most striking facts to the practitioner who becomes a convert to Hahnemann's teachings, on comparing the counterfoils of his death certificates for, say, the last five years of his practice under old methods and the first five years under the new, is the almost total disappearance of such diseases as pleurisy, pneumonia, and bronchitis, except in the aged, as causes of death, as well as the diminution in the number of deaths for each year, although his practice will probably have increased largely during the latter period.

* * * *

**An Indictment of
the Modern
Surgeon.**

A MOST scathing indictment of the modern craze for operations, as it obtains in surgical practice both in hospitals and in private, appeared in the *Daily Express* for December 3. From the homœopathic point of view it is a true statement, and the case could not have been better stated. Had this article been written by one of ourselves it would have called forth a howl of indignation and protest. Perhaps the gravest charge is that made in these words: "The public is to blame for the temptation of the surgeon. A surgeon, needy or greedy, who has the chance to operate, hardly can avoid taking it. The more operations, the greater his income—the greater the income, the greater the fame, and the man. Experience teaches that to operate and to kill often means

a higher gain in patients than when sound advice against operations is given." These words are quoted by the writer as those of "a widely experienced and highly respected physician," and the whole article claims to have been taken down from his lips.

* * * *

THE great number of operations now so readily submitted to by a long-suffering public is alleged to be the "outcome of an irresistible temptation" to the surgeon, of the nature expressed above. The "foundations of the practice of surgery" are said to be "utterly rotten." Patients are also blamed for their readiness to undergo operation; some who imagine themselves in need of operation will go, we are told, "from one to another until a willing surgeon is found." Extreme as these statements are, we think they may do good. The few neurotics who desire operations are the exceptions which prove the rule. No average person desires them if he can be safely and quickly cured by other means, but until the general practitioner, and the consultant also, avail themselves of the vast store of curative measures at their disposal under the despised name of "homœopathy," there is little hope for an improvement in their methods. If the eyes of the public could be opened, and, before consenting to operation, patients took the opinion of the nearest homœopathic practitioner, probably half the operations at present undergone would be refused. However, without this it does not seem impossible that the following suggestions, made, perhaps, in jest by this "widely experienced physician," would prove an effective remedy for the present state of things: "Either an inquest must be held if a patient dies within three months after an operation, and the operating surgeon called as a witness; or a higher fee than £10 must never be charged for any operation; or a consulting operative surgeon must be appointed in every district, to take in surgery the position of a county court judge in law. He should decide if an operation is necessary."

* * * *

WE have received samples of both these necessities of modern diet from the leading British manufacturers of each. Messrs.

Biscuits and Mustard. Huntley and Palmer's three new biscuits are of interest and value, each palatable, and produced in the usual perfect manner of the firm. "Apax" biscuits are intended for the corpulent; they contain less starch than bread and 34 per cent. of protein, and are unsweetened. "Spartan" biscuits are intended to meet the demand for an ideal food. They are said to contain as much protein as cooked beef, and rather more starch and sugar than bread. Their value in cases of impaired nutrition, as a stand-by when a meal is delayed, and for general use by the invalid as well as the cyclist or athlete, is undoubted. "Akoll" biscuits are free from starch and sugar; they contain more than 60 per cent. of protein, and are certainly more palatable than the usual diabetic foods.

Messrs. Colman's mustard and mustard preparations are, we suppose, in universal use. The value of the mustard leaf in producing local cutaneous hypæmia is by no means despised by the homœopathic practitioner. Of mustard oil as a rubefacient in rheumatism we do not now hear much, but its use should not be forgotten. The mustard oil distilled by this firm is of great purity, and will often, if rubbed in, give temporary relief; its use is far less harmful than that of the powerful liniments so often resorted to by patients. The bran-and-mustard poultices are also of value, and far cleaner than linseed.

* * * *

Pathology of General Paralysis and Tabes Dorsalis. DR. FORD ROBERTSON, Pathologist to the Scottish Asylums, Edinburgh, who has for some time past been engaged in investigating the pathology of general paralysis and tabes dorsalis, concludes that these affections are due to invasion of the nervous tissues by diphtheroid bacilli, which have their infective foci in the naso-pharyngeal mucous membrane in the case of general paralysis, and in the genito-urinary tract in the case of tabes. From these tracts the bacillary infection spreads along the lymph channels, in the one case to the brain, and in the other to the spinal cord. There is a

difference in the morphological and cultural characters of the two bacilli, which are distinguished by the names of *Bacillus paralyticans longus* and *B. paralyticans brevis*, the former being found in general paralysis, and the latter in tabes.

* * * *

**Their
Treatment.**

HAVING found the bacilli distinctive of these two diseases, Dr. Ford Robertson, as one would expect, has employed the modern methods of anti-bacterial serum injection and vaccine inoculation in their treatment. He has found that treatment of cases with an anti-bacterial serum, prepared in the sheep by immunization with these special bacilli, has been attended in many cases by distinct arrest of the symptoms indicative of active progress in the disease. He thinks the greatest benefit is obtained by combining active immunization by means of injection of killed cultures with the passive immunization obtained from the administration of the special anti-serum. Where success has not occurred it has been on account of the existence of severe secondary infections. In the case of general paralysis much good can be done by a local treatment of the nasal mucous membrane by a spray of perhydrol in 1 per cent. solution. The *B. paralyticans longus* prefers anaerobic conditions for its multiplication, which are contravened by the minute bubbles of oxygen, which form at the surface of the mucosa from the perhydrol spray.

* * * *

**The Common
Cold.**

DR. R. W. ALLEN has been making an exhaustive series of observations on the bacteriology and treatment of the common cold. He finds that, speaking generally, a common cold is due to infection by one of the following five micro-organisms: the *Bacillus influenzae*, the *B. septus*, the bacillus of Friedländer, the *Micrococcus catarrhalis*, and the *M. paratetrigenus*. But sometimes a mixed infection occurs of two or more of the above. Any one of these micro-organisms may be found in the nasal mucus of a healthy person, where it lies latent ready to take on activity if the patient's resistance is suddenly lowered by a chill or other depressing influence. Or the patient may be infected directly from without by

inhaling the germ-laden air of crowded rooms, &c. The common cold is eminently infectious.

The clinical symptoms vary with the infecting agent. Thus, when the bacillus of Friedländer is the cause, the case is characterized by profuse nasal flux and liability to secondary involvement of the accessory sinuses and the Eustachian tubes, but not by cough, which is sure to be the leading symptom of an attack due to the *M. catarrhalis* or *M. tetragenus*, which are apt to invade the trachea and bronchi and set up bronchitis. The *B. septus* causes the mildest form of attack, the cold that gets well of itself, and never invades the bronchi. When the first symptoms affect the fauces and pharynx either the *B. septus* or the *M. catarrhalis* is the infecting agent. The temperature is high as a rule only in the case of the *B. influenza*, and then the other systems, such as the nervous, gastric, or circulatory, may be involved.

Dr. Allen treated a number of cases with their appropriate vaccines with much success, abating acute colds and curing chronic ones. The vaccines also had an immunizing effect of some months duration, and he recommends those who are peculiarly liable to catch cold to undergo systematic immunization every four to six months.

* * * *

As will be seen from a letter in our present issue, our Southport friends do not intend to let the grass grow under their feet. We have seen the plans and elevation of the Hospital, and we congratulate the Committee and all concerned. It will be a Hospital to be proud of, and will yet do great things for us. We cull the following from the *Building News* :—

“The design for this Hospital was placed first by Mr. Norman Shaw, R.A., in a limited competition recently held. The Hospital will occupy the site of an old battery on the sand-hills, and the irregular levels have considerably influenced the design. On the south-east side the ground forms a level plateau, slightly below the main ground floor upon which the wards are placed. The view shows the north-west front, which faces the sea. The difficulty in obtaining bricks of a pleasant colour and surface has led to the selection of a local

common brick for the walls, which will be whitewashed. The roofs will be covered with green Westmorland slates. The architects are Messrs. H. Percy Adams and Charles Holden."

We would draw special attention to Mrs. von Stralendorff's letter on p. 37.

Original Articles.

SOME RECENT ADVANCES IN NASAL SURGERY.¹

By A. SPEIRS ALEXANDER, M.D., C.M.

Consulting Physician, and late Physician for Diseases of the Ear, Nose, and Throat, to the Devon and Cornwall Homœopathic Hospital; Assistant Ophthalmic Surgeon to the London Homœopathic Hospital.

NASAL stenosis, from whatever cause arising, is a condition fraught with so much real discomfort and distress that relief often becomes urgent, and the wonder is that, till within recent years, many sufferers from that form at least due to septal deviations, have had to go through life, or a large portion of it, in silent endurance, and this because the methods of dealing with the ailment were inadequate or unsatisfactory. Nowadays, fortunately, no one need continue to suffer, for the resources at our command ensure a perfect and permanent cure. All the older operations had this disadvantage that, although the projecting portion of the cartilaginous septum might be incised in various ways, and the fragment secured in a new and suitable position, yet its natural resiliency sometimes led to its return, or partial return, to its former abnormal situation, thus neutralizing the effect of the operation to a greater or lesser degree. Another somewhat untoward result was the occurrence of a permanent perforation — untoward, because contrary to conservative surgery, though in itself rather an aid to breathing, air being thus admitted through the opening from the wide to the narrow nostril.

Of these older operations, one of the most satisfactory, at

¹ A paper read before the Western Counties Therapeutic Society, at Bournemouth, on October 28, 1908.

least in my own experience, was that known as the U-shaped flap, and this may still be adopted in certain suitable cases. As an aid to its performance, I some time ago devised a special form of forceps, by which the flap can be readily made. This instrument was made for me by Mayer and Meltzer, and is on the table before you this evening. Formerly, the flap was cut by means of a Bosworth's saw, but as it is not always practicable to manipulate this accurately, the forceps may provide an easier and more precise method of making it.

The operation, however, which is unquestionably superior to all others, and which will probably be *the* operation of the future, is that known as submucous resection of the deviating portion of the septum. Before giving an account of it, I will briefly refer to the steps which had led up to my own adoption of it in practice. The usual method of removing cartilaginous or bony spurs of the septum had been by means of a spokeshave or saw, the mucous membrane investing them being sacrificed as well as the underlying structure. This proceeding had appeared to me somewhat crude and unsatisfactory, and indeed inapplicable in some cases. As an example of the latter condition, I will refer to a case typical of others which not infrequently present themselves. Some few years ago, a young gentleman, not long down from Oxford, applied for advice on account of stenosis of the left naris. He had been aware of its presence, with all the attendant discomfort of obstruction to breathing, nasal intonation, post-nasal catarrh, &c., for some years, but recently his attention had been still more directed to it, as he had begun to take singing lessons, and the stenosis was interfering with the resonance of his voice. On examining him, I found that the triangular—or as it is now often called, the quadrilateral—cartilage, forming the anterior portion of the septum, was dislocated at its anterior extremity, and projecting across the opening of the nostril, presented an obstacle to the entrance of air. On being held aside with the speculum, air entered freely, and there was little or no obstruction behind it. What was to be done to put matters right? If the whole projection were amputated, not only would a large raw surface be left, which would take a long time to heal, but probably a permanent perforation of the

septum would result. I therefore decided to proceed as follows: After packing the nostril for a quarter of an hour with gauze soaked in adrenalin and cocaine in 10 per cent. solution, rendering the affected part insensitive, I incised the mucous membrane covering the projection vertically and horizontally, along its sharp borders. With a raspatory the membrane was then separated from the cartilage, a triangular flap being thus made, and turned upwards. This having been done, the underlying cartilage was now completely exposed to view, and the portion projecting into the naris was then cut away by means of a small scalpel, care being taken not to wound the mucous membrane intervening between it and the other nostril. Lastly, the flap of mucous membrane was folded down over the wound, the nostril plugged with gauze, and in about a week healing was complete. As a result, the stenosis was thus entirely removed, and the breath-way re-established.

Encouraged by the success of this method, I determined to employ it in another case which was soon afterwards seen.

The patient was a young artillery subaltern, kindly sent to me by Dr. Deane. He too complained of obstruction of the left nostril, but due to an entirely different cause. In his case it was found to be occasioned by a large ridge of bone projecting from the lower part of the septum, and filling up the lumen of the inferior meatus to such an extent as to interfere seriously with the breath-way.

For its removal, measures similar to those employed in the preceding case were adopted. General anæsthesia was given, as well as local packing with cocaine and adrenalin. The ridge was now found to be an outgrowth from the nasal crest of the palate bone, and extended a long way back. This, with the narrowness of the nostril, made it rather difficult to get at, and the operation was long and tedious. The first step consisted in the incision of the membrane along the projecting margin of the ridge, from before backwards. The flap was then raised and turned aside, exposing the bone beneath, which was in turn cut through with a Bosworth's saw, and partly by this means, and partly with bone forceps, gradually removed. Some angles and projecting points were afterwards cut away by chisel and hammer, the result being

a clear channel through which the little finger could be pushed back towards the posterior naris. The removal accomplished, the flap of mucous membrane was turned down, and the nostril plugged in the usual way. By the end of the week the patient was able to leave the nursing home and thereafter made an uninterrupted recovery. Meeting him casually some months afterwards in the Central London Railway, I learned that he had felt perfectly comfortable ever since the operation, and could breathe as well with the formerly stenosed nostril as with the other.

The principle followed in these two cases is that which underlies the operation known as "submucous resection." For its development and introduction, we are indebted to two surgeons, Killian on the Continent, and Freer in America. These two, working independently of each other, arrived almost simultaneously at the same conclusions, and devised the method of procedure which I will now endeavour to describe. I also show you the set of instruments used by them, and also some modified by other workers in this department. The drawings exhibited will serve to illustrate the most important steps in the operation. General anæsthesia may be employed, but where the patient is not hyper-sensitive, and has good self-control, it is quite possible to perform it under cocaine and adrenalin.

The nares, having first been syringed with some mild antiseptic, are packed with strips of gauze soaked in equal parts of adrenalin 1 in 1,000 and cocaine 10 per cent. solution. This preparation should be made whichever course is followed, as it not only produces local anæsthesia, but prevents bleeding, and a quarter of an hour is necessary to produce the desired effect. Thorough illumination of the nostrils is essential, and for this purpose the frontal electric searchlight is useful.

Anæsthesia being complete, the gauze is now removed from the stenosed side, leaving it *in situ* on the other, and the operation begun. The first step is to make a vertical or curved incision through the mucous membrane and cartilage at the anterior portion of the deviation, and about $\frac{3}{8}$ in. behind the junction of skin and mucous membrane. In making this incision, considerable care is necessary, so as

to cut through the cartilage completely, yet without wounding the mucous membrane of the opposite or patent naris. In carrying this out, it may be found convenient to stand behind the patient and, while making the incision with the one hand, to keep the index finger of the other in the nostril, so as to feel the point of the knife and prevent its being pushed in too deeply. With a little practice it is quite possible to accomplish this without making any perforation on the opposite side. The incision thus made is the starting point of all that follows, and gives access to the cartilage and bone that may have to be removed.

The ala of the naris may now be held aside by a retractor, and by means of a sharp elevator the posterior edge of the cut mucous membrane is then separated from the underlying cartilage. This having been done, the sharp instrument is exchanged for a blunt one, which is gradually and carefully insinuated between the mucous membrane and cartilage till the projecting part of the latter has been completely denuded. In carrying out this manoeuvre it is necessary to keep the curved beak of the instrument turned towards the cartilage, by which means the tendency to perforate the mucosa will be minimized. The separation should be made as completely as possible in all directions, upwards to the attic of the nares, back as far as the vomer, and descending plate of the ethmoid, where the latter structures share in the deviation, and downwards so as to strip the membrane off any ridge or spur of bone at the lower part of the septum, this being a frequent occurrence in these cases.

The third stage of the operation is, perhaps, the most difficult of all, and here, too, the tendency to perforation of the mucosa during the process of stripping it off the cartilage is greatest. On the stenosed side, the more or less convex surface of the deflection renders this process comparatively easy, so that with an ordinary amount of care such an accident may be avoided. On the other side, however, the condition is very different, for here a concave surface has to be dealt with, where it is not so easy to follow up all the ramifications of the membrane. This is more especially the case where the deviation is angular or saddle-shaped, the mucosa being then closely adherent to the sharp bend of

the cartilage, and perforations are very apt to occur in that situation. If a perforation be made on one side only, the effect is not likely to be serious, the opening being walled in by the intact membrane of the opposite naris. But should perforations be made in each layer of mucous membrane, and they happen to be opposite each other, a permanent aperture will result, and, unfortunately, this, during the process of cicatrization, will probably enlarge as time goes on. However, practice makes perfect, and after a few attempts the operator may acquire enough dexterity to avoid such *contretemps*.

In order to gain access to the mucosa of the opposite or patent naris, the sharp elevator is again introduced through the primary incision, and the separation between membrane and cartilage thus begun is continued and completed by means of the blunt-pointed one.

The membrane having thus been thoroughly separated from the cartilage, the result is a kind of pocket or *cul de sac* on each side of it ; the white, glistening structure of the latter is now clearly exposed to view, and its removal is the next step to be undertaken. To facilitate its excision, a special knife was devised by Killian, consisting of a narrow bifurcated frame, armed with a small horizontal blade at its extremity. This was afterwards improved by Ballenger by mounting the little blade on trunnions, so that it can move freely on its horizontal axis, and is now commonly known as Ballenger's swivel knife. Another convenient instrument, introduced, I think, by St. Clair Thompson, is a long-bladed speculum, very similar to Thudichum's, but on a larger scale, one blade of which is placed on each side of the denuded cartilage, and the adjacent mucosa being thus held aside, a clear view of the structure to be removed is obtained. The blade of the swivel knife is now pressed against the upper edge of the latter, which is thus incised in an upward and backward direction, till the anterior edge of the bony septum is reached. It is then pushed downwards towards the floor of the nose, the blade turning automatically in the required direction, and, lastly, is drawn forwards to the lower border of the primary aperture in the cartilage, the excision of the deflected portion being thus completed. This portion, which may be excised

intact or piecemeal, according to circumstances, is then drawn out by means of forceps, a kind of window being thus formed in the triangular, or as it is now often called, the quadrilateral, cartilage.

In some cases, the procedure just described is all that is necessary, but when, as not infrequently happens, the ethmoidal plate and vomer take part in the deviation, or where a bony spur exists at the base of the septum, these structures have now to be dealt with. As much as is necessary of the former may be removed piecemeal by bone forceps, introduced into the *cul de sac* between the blades of the speculum, and any bony ridge may be cut away, partly by the saw and partly by hammer and chisel. When all obstruction has been cleared away, the little finger can be pushed into the formerly stenosed naris, and its patency thus ascertained. If this has been secured, it will be found that the two layers of mucosa have now fallen together in the middle line, leaving a clear passage on either side. As healing takes place, their inner surfaces become adherent, and an intact, though flaccid membranous septum results.

The operation completed, the edges of the primary incision through the mucous membrane may be brought together by a suture of fine silk, a miniature aneurism needle of special curve being convenient for this purpose.

It will be seen from the drawing that the whole of the quadrilateral cartilage is not excised, but that a window is cut out of it, the portions left anteriorly and superiorly serving sufficiently to preserve the contour of the nose, the shape of which is unchanged. One advantage that sometimes attends this operation is that where, as a result of the septal deviation, the nasal organ has been pushed bodily to one side, it may be restored to the middle line—an effect for which the patient is grateful, as well as for the recovery of his breath-way.

After the operation, the nares should both be lightly plugged with gauze spread with a little hazeline cream. This gives support to the membranous septum, and by keeping its surfaces in apposition, promotes healing. The hazeline cream prevents sticking, and facilitates the removal of the plugs. This should be done after the first twenty-four hours, when the dressing may be inserted into the formerly stenosed naris

only. In a few days—rarely more than a week—healing is complete, and the stitch may then be removed. After this, no further dressing is required, but it is well to spray the nostrils with some mild antiseptic lotion, such as boric acid, for a short time, so as to clear away secretions, and prevent the formation of crusts. The vulcanite plug or splint generally used in the older operations, and which was often a source of great discomfort to the patient, is entirely unnecessary in this method, the gauze plug giving all the support that is requisite.

The time occupied in performing the operation varies from twenty minutes in the simplest cases, to over an hour in the most complicated.

To illustrate the proceedings described, I will now briefly refer to a few recent cases, all being typical of the chief varieties met with in practice.

CASE I.—Mr. C. H. W., aged 20, an Oxford undergraduate, kindly sent to me in March, 1907, by our colleague Dr. McLachlan. He complained of difficulty of breathing through the right nostril, especially at night, when it was necessary to breathe through the mouth, and sleep was much disturbed. As usual, the condition was always much aggravated if he had a cold, on account of the attendant œdema of the nasal mucosa. Examination showed a marked deviation of the quadrilateral cartilage to the right, a mere chink only remaining between it and the external wall. Operation was advised, but could not be carried out till the following September. The patient then entered a neighbouring nursing home, and the nares having been prepared by plugging with gauze saturated with cocaine and adrenalin, he was anæsthetized with chloroform. The deflected portion of the cartilage was then excised in the way that has been described. This portion extended posteriorly as far as the vomer, and in raising the mucous membrane from it a small perforation was made on one side, close to that structure. This, however, being confined to one side, gave no trouble subsequently. The cartilage having been removed, a clear passage on the right side was established, and the usual dressing inserted into each nostril. The patient kept his bed that day and the next, and some little oozing of blood continued for about twenty-four hours. After this healing was rapid, so that he was able to leave the home

on the sixth day after the operation. He was kept in view for three weeks more, during which time the nostrils were sprayed with glyco-thymoline lotion, as crusts tended to form at first. Finally, these were got rid of, and a permanent cure resulted.

CASE 2.—Miss G. G., a tall and well-developed girl, aged 17. She had been a mouth-breather since early childhood, the cause being a badly deflected septum of the sigmoid type. Anteriorly, the cartilage was bent to the left, saddle-shape. Corresponding to the latter, there was a sharp and angular concavity on the right side, in front, while posteriorly the descending plate of the ethmoid and vomer were deflected to the right, so that both nostrils were much obstructed. In addition to this deformity, there was a considerable exostosis of the nasal crest of the palate bone on the left side, and altogether the problem of relief was a rather formidable one. At the age of 7 the patient had already undergone an operation on the septum, the net result being a perforation in its anterior segment, but without any improvement in the breathing being effected. To attempt any operation at such an early age is, in the writer's judgment, quite a mistake, for as adolescence takes place, developmental changes naturally occur, and any effect that may have been obtained is thereby lost. Operation in such cases should not be undertaken till full growth has been attained, and the permanent form of the parts involved established.

It may be added that the patient had a rather high palate, and the septum, in its rapid growth, not finding room in a downward direction, had evidently followed the path of least resistance, a compensatory growth having taken place superiorly, the result being a somewhat unsightly hump-shaped bridge.

In June, 1907, under general anæsthesia, the operation of submucous resection was performed. In this case the perforation already alluded to was made the starting point of the incision upwards and downwards through the mucosa of the left side, including the underlying cartilage. The saddle-shaped deviation rendered the separation of the membrane difficult and tedious, and the more so as the previous operation had evidently set up close adhesions to the cartilage. Not only had the mucous membrane to be detached from the latter, but also from the exostosis on the left side, and from

the bony deviation on the right side posteriorly. While this was being effected, a good deal of hæmorrhage took place, so that it was necessary to pause several times, and insert a fresh packing of adrenalin in order to check the bleeding. The separation having been completed, a window was excised from the quadrilateral cartilage by means of the swivel knife; the bony deviation lying behind it was broken down and removed piecemeal with forceps; and lastly, as much as possible of the exostosis was cut away with hammer and chisel. The primary incision having been sutured, the nares were plugged in the usual way, and the operation, which occupied an hour and a quarter, completed. Some unimportant bleeding followed for a day or two, but healing was complete in little more than a week. For some time afterwards crust formation in the neighbourhood of the old perforation gave some trouble, but eventually yielded to the action of suitable nasal sprays. Comfortable breathing resulted, and when the patient was seen a few weeks ago, the permanent condition was found to be all that could be desired.

CASE 3.—The last example to which I shall invite your attention is that of a Mr. W., Chief Officer in the Royal Mail Line of steamers to the West Indies. He applied for advice in February of this year, on account of almost complete obstruction of both nares. The condition had existed since boyhood, when he had his nose broken by a fall, but he had got accustomed to a certain degree to the inconvenience of mouth-breathing. Latterly, however, his hearing had become somewhat impaired, especially on the right side, and thinking that this might interfere with his professional advancement, he had decided to seek for relief.

The nares presented a remarkable and somewhat unusual appearance. The septum was sharply deflected to the left, lying almost in contact with the external wall; while on the right the corresponding septal concavity was filled up by an enormously enlarged inferior turbinate, the condition sometimes described as compensatory hypertrophy of that structure. The nose itself was somewhat bent to the left. As a preliminary to the correction of the septal deformity the hypertrophied portion of the right turbinate was removed by galvano-cautery, this measure being followed by great improve-

ment of breathing on that side. The underlying bone was necrosed, and a large segment of it was ultimately removed, an amply patent naris resulting.

A short time afterwards, resection of the deviated septum was performed, and the patient objecting to a general anæsthetic, the operation was done under cocaine and adrenalin alone. As in the previous case so here, a perforation at the anterior part of the septum existed as the result of a previous attempt at improving matters. This had consisted in removing a small circle of cartilage by means of punch forceps, and had been carried out by a friendly ship's surgeon, who had thought the case favourable for getting in his hand at nasal surgery. It was therefore necessary again to make this perforation the starting point for the primary incision. This having been done, the cartilaginous deviation was resected in the usual way. It was then found that the bony septum posterior to it was also acutely bent to the left, and a considerable portion of this had to be cleared away by bone forceps before the patency of the nostril could be restored. The result was the formation of a membranous septum hanging centrally between the nares, and giving a free passage on each side. This was indeed so free that the patient said he had frequent attacks of sneezing for some time after the operation, on account, he thought, of the unaccustomed access of air to the nasal cavities.

During the operation he was frequently asked if he felt any pain, and always replied that there was practically none, although the resection occupied nearly an hour. He seemed so interested in the proceedings, that after the cartilage had been exposed, a hand-glass was brought, so that he might see for himself the portion to be excised. The result of local anæsthesia in this case was so favourable that I am strongly inclined to recommend it whenever the patient will consent to its use.

The operation was performed on Tuesday, February 11, and on the Saturday of the same week the patient was able to leave the nursing home and go about as usual, only spraying the nostrils from time to time with glyco-thymoline lotion.

Such, then, gentlemen, is an all too imperfect sketch of the

latest phase in the treatment of deviations of the nasal septum, a subject which I think well worthy the attention of the rhinologist.

THE DIET FACTOR IN DISEASE.

By GEORGE BLACK, M.B. EDIN.

APPENDICITIS.

ALTHOUGH appendicitis is no new disease—evidences of it having been found among the mummies of Egypt—it has obtained for itself in recent years a most unenviable notoriety, partly by reason of the many notable persons who have suffered from it and the publicity given to it in the daily press, but more especially because of the operative interference resorted to in its treatment, and the appalling mortality that has everywhere accompanied it.

A few years ago, for reasons difficult to understand, there arose what appeared to be a morbid desire for operative interference in connection with this disease, and the results were far from creditable to us as a profession. The tragic records of that time, the many deaths that occurred in men whose names were household words, who had occupied high position in public affairs, and whose lives were of great value to the community, could not fail to attract attention, and the thoughtful amongst us asked themselves whether those who had submitted to operation and had so quickly succumbed would not, at any rate, have had an equal chance if they had been left alone. My own impression is that not only would they have had an equal chance, but they would have had a much better one if they had been left alone, as far as operative interference was concerned, and been treated by strict attention to diet, by ordinary hydropathic measures, and by the administration of medicines according to homœopathic rule.

The history of medicine shows plainly enough that there are fashions in other things than dress. Without going back to mediæval times, what a terrible record does our literature present, even since the days of our fathers, of bleedings,

blisterings, cuppings, purgings, wholesale removal of ovaries, appendices and adenoids !

No doubt many have met, as I have, with wretched specimens of unsexed women whose jarring, dissonant voices told of their mutilation ; of young children called upon to endure for months the deep passing of probes after operation for appendicitis, when they had escaped a fatal result at the time, and of others suffering from paralytic affections, such as facial paralysis and strabismus after the removal of post-nasal adenoids.

What a pity it is that the English mother does not take a leaf out of the book of the Indian squaw ! I have read that when her infant is born she watches most particularly to see whether it breathes through the nose. If its mouth is open, she pushes the chin up and holds it there till she is satisfied there is nasal breathing ; if this does not suffice, she fastens a piece of buffalo hide round the chin and over the head, and another piece over the mouth, so determined is she that her infant shall breathe properly. If this were done by the mothers of Britain we should hear much less about post-nasal adenoids, and the necessity for their removal by surgical interference. This by the way.

A recent writer on appendicitis, Dr. Russell Coombe, of Exeter, in a paper of unusual ability read before the Devon and Exeter Medico-Chirurgical Society, under Section IV., discusses the question, "When is it our duty to advise operative interference ?"

"The tendency," he says, "of an attack of appendicitis is to recovery, especially with suitable medical treatment. In my experience, most of the cases seen in private practice require no surgical interference, but this does not hold good in hospital practice, where only the more acute cases get sent in.

"Further, we know that the removal of the appendix during an attack is a proceeding leading to a high mortality, whilst its removal during a quiescent interval shows a low mortality, and thus we can at once decide not to advise operation in the acute stage simply with a view to removing the offending organ : there must be other and serious reasons for operating."

Now let us see what these reasons are that ought to

exist before a surgeon is justified in resorting to operative interference :—

(1) In acute cases, any ground for doubting whether the peritoneal inflammation is localized.

(2) A belief on our part that pus has formed.

(3) The existence of "peritonism."

. All I have to say in regard to these guiding rules is this : I have disregarded the whole three of them, and my patients have been none the worse for it.

Dr. Russell Coombe occupies a foremost place in the county of Devon as a highly intelligent practitioner of the old school, but I presume he has had no experience of remedies given according to the underlying principle of homœopathy, consequently his practice is deprived of a means of cure that would frequently render his rules nugatory, and bring about recovery in many instances in which, under other treatment, operative interference would be resorted to.

When, in addition to homœopathy, the diet factor is rightly understood and comes into play in connection with appendicitis, the disease is robbed of many of its terrors, and its course, which, under allopathic treatment and a flesh-meat and beef-tea dietary, would most assuredly tend to go from bad to worse, is greatly mitigated, and frequently brought to a successful issue.

Having laid down his guiding rules, he finds what all who have practised allopathically know from bitter experience, that it is in the application of them that the practitioner's difficulties begin. How easy it all seemed as it fell from the lips of the professor of the theory and practice of medicine in those old student days ! How eager we were to put these rules into practice in the treatment of disease ! What great things we hoped for when we should be able to bring our knowledge to the touchstone of experience !

Alas ! the glamour was soon gone before the realities with which we were confronted.

In some lonely moorland cottage or a farm on a wild hillside, some of us were taught the difference between the theory and practice of medicine, and if the lessons were dearly bought, and, in the learning of them, lines appeared on our

faces that were never there before, still we were taught something that money could not purchase and that has been with us in all the succeeding years.

In looking back over that time with the knowledge which I now possess, I can see what an inestimable blessing homœopathy would have been to me had I known anything about it, for however difficult the case, however uncertain the diagnosis, there would ever have been that dictum of Hahnemann to guide me: "Let likes be treated by likes," that has been the polestar of many a benighted traveller along the highways and byways of therapeutic uncertainty.

In the application of his own rules Dr. Russell Coombe's difficulties begin. Here, for example, are the points which he says he has found to be the most reliable guides :—

"(a) IN ACUTE DIFFUSE CASES.

"(1) The presence of symptoms of an abdominal catastrophe: in other words, the condition described as 'peritonism.'

"(2) Increasing distension of the abdomen.

"(3) A large area of muscular rigidity, and the failure of such rigidity to become localized.

"(4) The non-appearance of a localized swelling within forty-eight hours of the onset.

"(5) The continuation of the rapid pulse of onset for a dozen hours or more; still more, a steady quickening of the pulse.

"(6) Evidence of peritoneal effusion, if obvious.

"(7) Disappearance of superficial tenderness without corresponding amelioration in the patient's symptoms.

"(8) Marked and increasing leucocytosis.

"(b) IN EARLY ABSCESS CASES.

"(1) Pulse beginning to rise again after first fall, especially if there be a steady quickening.

"(2) Temperature beginning to rise again after falling during the first three or four days, especially if the rises be in the evening, with morning remissions.

"(3) A fairly defined tumour, increasing steadily in size.

"(4) Œdema of the skin.

"(5) Leucocytosis, especially if increasing.

“(c) IN LATER ABSCESS CASES.

“A similar series of symptoms occurring at a later period will be my guide.”

In reading over the rules thus carefully drawn up by Dr. Russell Coombe for his guidance in determining whether operative interference be necessary or not, the thought that was uppermost in my mind was this: that it must be extremely difficult for the author himself to put those rules into practice, and for the ordinary practitioner I should say it was impossible.

It is far from easy to attempt to express in language the impressions which a particular disease makes upon us, and the effect which these have in determining our action at any given moment. “Art is long, time short; judgment difficult, opportunity fleeting.”

In the presence of disease, when grave conditions are before us, we may live hours in moments and years in days; when heavy responsibility rests on our judgment all our faculties are in a state of the utmost tension; the past, laden with its experience, comes to our aid, and we arrive at our decision, we often cannot tell how, but the task of analysing all that has passed through the mind consciously and unconsciously, and which in its totality has determined our action, is one that is difficult in the extreme.

Dr. Russell Coombe has attempted it, and perhaps he has done it as well as anyone could, but for practical purposes these rules are useless. Neither practitioner nor consultant is likely to bear in mind such a list of determining factors before he is assured that the case is one that need or need not be interfered with operatively, and after careful consideration of them I say that, even supposing he had committed the whole of them to heart and had them at his finger-ends, so as to be able to apply them at once and in their entirety in any individual case, the patient, whoever he might be, would have little chance of escaping operative interference.

In my own practice I daresay I have noted down on my case slips and in my case books most of what he has written, but I have never used the information as a guide to operative interference, for during the entire period of my practice, now extending to upwards of thirty-one years, I have never operated

on a single case, nor have I called in anyone else to do so ; and it is with deep thankfulness I say it, that during the whole of that time, and in all the cases I have attended in old, young, and middle-aged, I do not recollect having lost a single case. I make this statement in no boastful spirit ; I am too deeply grateful for any nonsense of that sort, and, indeed, I take no credit to myself for it, because anyone who has the interests of his patients at heart, and is giving the best attention and care to his work that he can, will, by pursuing the same methods, obtain like results ; and this is why I am writing to ask first of all if there be not another and a better way than that detailed by Dr. Russell Coombe, and by endeavouring to point out that there is, to get others to walk in it.

In an article in the *Northumberland and Durham Medical Journal* bearing the title, "When to Operate in Acute Appendicitis," by W. E. Richardson, M.B., F.R.C.S., the writer says: "All patients who die from acute appendicitis would probably have recovered if operated on in the 'ascending' stage, before the appendix sloughs or perforates, producing general peritonitis or abscess."

This is a good deal to say. My own impression is that many who have suffered from acute appendicitis, and been operated on and have died, would have recovered if they had been left alone, and many cases that, with ordinary care, would have done well enough, are rendered complicated and difficult by the administration of purgative medicines and the employment of wrong methods of feeding.

We have already seen in the article by Dr. Russell Coombe that "removal of the appendix during an attack is a proceeding leading to a high mortality," and yet here we have a surgeon declaring that "all patients who die from acute appendicitis would probably have recovered if operated on in the 'ascending' stage." Truly it is the old story of how doctors differ. Surgery must have many more triumphs than it can at present lay claim to in the treatment of appendicitis, either in the ascending or any other stage, before ordinary mortals will accept a statement such as that to which I have referred, and act upon it.

Here are the cardinal symptoms in the early stages as given by Dr. Richardson :—

- (1) The general appearance and expression.
- (2) The local tenderness, with or without rigidity, in the "appendix area."
- (3) The temperature.
- (4) The pulse.

And this is what he says in explanation of them, and as deciding his course of action :—

"Suppose that the patient is first seen some six or ten hours after the onset and all these symptoms are present. Is it necessary to operate at once? Such a course would be wise in all cases, but for various reasons is usually impracticable. The writer's rule is this: If there is clearly a fulminating attack, that is to say, a very acute attack—in which case a striking and important symptom is the expression of the patient, which may become so altered in the course of even a few hours as to alarm his friends—immediate operation is necessary. If the attack is mild and the patient is not very ill, prescribe hot applications to allay the pain, but do nothing more. See the patient again in a few hours, and again note all the cardinal symptoms. If the general appearance is improved, the local tenderness less, the temperature lower and the pulse less rapid, the patient is doing well. So long as *all* these cardinal symptoms continue to improve the inflammation is steadily subsiding. But if *any one* of these symptoms has not improved, or has got worse, the inflammation is advancing.

"(1) The patient may look better, the tenderness may be less acute, and the temperature may be lower, but *if the pulse has increased in frequency* (a fact to be carefully noted after repeated countings), recommend operation.

"(2) The patient may look better, the tenderness may be less acute, and the pulse-rate the same, but *if the temperature has risen*, recommend operation.

"(3) The patient may look better, the temperature may be lower, perhaps normal, and the pulse may not have become more rapid, but *if the local tenderness has increased*, recommend operation.

"(4) The tenderness may be less, the temperature lower, and the pulse not more rapid, but *if the patient looks ill*, recommend operation."

By this surgeon operative interference is to be recommended :—

- (1) If the pulse has increased in frequency.
- (2) If the temperature has risen.
- (3) If the local tenderness has increased.

If I had acted on these rules, my belief is that perhaps half-a-dozen persons who to-day are in the enjoyment of health and happiness would have been dead. They might have been successfully operated on, for it seems that all cases that end fatally are thus spoken of. Whatever the result, the operation is always successful !

There is, indeed, a lot of dust thrown in the air to blind people's eyes, and much nonsense talked that is very pitiful to those who can read between the lines. Loyalty to one's profession is all very well, and, generally speaking, is to be commended ; but loyalty to truth is greater, even if the profession be the noblest on earth, as ours is.

(To be continued.)

Clinical Cases.

CHRONIC CEREBRAL HYPERÆMIA FOLLOWING CONCUSSION OF THE BRAIN : CURED BY MELILOTUS.

By STANLEY WILDE, L.R.C.P., L.R.C.S. EDIN.

MRS. P., aged 40, was standing on a chair to reach up to a high shelf when she became giddy, fell backwards, and struck the back of her head against the edge of a table. She was rendered unconscious, and when I saw her presented all the symptoms of brain concussion. The fact that the blow was received on the head where the hair is gathered into a coil mitigated its severity, for there was no scalp wound, and no manifestation of contusion.

The patient was a delicate woman, always more or less anæmic, with a weak heart and a tendency to syncopal attacks.

Arnica ix was prescribed, with an *arnica* compress to the

head, and hot bottles to the feet. She recovered consciousness in the course of half an hour, and complained much of headache. This headache became more or less persistent and chronic, and was of a violent, throbbing, bursting character, chiefly occipital, but felt all over the head, and making her feel at times as if she would go out of her mind. The remedies given during a period of several months were *acon.*, *bell.*, *glonoine*, *gelsem.*, *silica*, *acid picric*, *calc. carb.* These gave only partial and temporary relief, *glonoine* being particularly helpful as a palliative during the severe paroxysms, but the head symptoms continued, and rendered her quite unfit for her domestic duties, besides causing her to show signs of much irritability of temper, especially with her children. She could not bear noise, and was unable to read or write without considerable aggravation of her symptoms. She slept badly, and at times I feared that her mind would give way.

Very hot fomentations to the occiput would give relief, and counter-irritation at the nape of the neck by means of sponging with Coutts' *acetic acid* produced temporary benefit. But no marked improvement occurred until I prescribed *melilotus* ix.

This drug, *sweet clover*, produces symptoms denoting great engorgement of the cerebral vessels, with terrible throbbing headache as if the head would burst, a very red face, and a tendency to epistaxis.

This reminds one of *bell.*, but Clarke, in his *Materia Medica*, differentiates the two remedies in headache in that *melilotus* has > from lying down and from the application of vinegar, whilst *bell.* has < from these. My patient certainly found relief from the *acetic acid*, and the head was better lying down than sitting up. The face also got flushed during the paroxysms of severe headache. From the time she commenced taking *melilotus* the headaches became less severe and less frequent, and in a few weeks entirely ceased. The effects of the fall had lasted nearly eighteen months.

CLINICAL NOTES.

By A. E. HAWKES, M.D.

Medical Officer, Hahnemann Hospital, Liverpool.

M. I., AGED 46, first complained of irritability of the bladder, and much pudendal itching without any rash, about June, 1908. She endured these symptoms without any attempt at relief for two months, and then presented herself at the hospital out-patient department. After ineffectually trying *canth.* 3 and then *apis* 3, on June 30 the urine was examined, and sugar was discovered therein. *Acid. phos.* ix, *gt. ii., ter die*, constituted the prescription, and this medicine was continued for three weeks without benefit.

On July 21 the patient complained of unusual thirst, and *arsen.* 2 was prescribed, and the remedy was continued alone from the date above mentioned until November 23. Long before this course of medication had come to an end the sugar had gone, and repeated testings during the last six weeks have demonstrated its absence.

Diabetes, characterized by intense itching without rash, accompanied by leucorrhœa and great thirst, were the chief points of the case. Of course, the patient's diet was modified as to sugar and white bread. She found great relief to the thirst by eating lettuce.

The following case of diabetic gangrene may be recorded. Through the kindness of her medical attendant I was asked to see an old patient of mine at a distance. The doctor does not belong to the British Homœopathic Society, but I could not gather that the patient had suffered on that account, as *uranium nit.* had been carefully administered. At that time—early in August—the lady was being attended to by a surgical friend, who on seeing the gangrenous toe, and on noticing the blush extending half-way along the dorsum of the foot, was beginning to plan a somewhat extensive amputation. He dressed the toe with dry dressing, and readily administered *secale* 1st dil. at my request. The blush soon subsided, and after some weeks the toe dropped off at the second phalanx. Although the toe was one of the smaller ones, it was a relief to the patient that no operation had to be done. It may be remarked that the same thing threatened two years ago, but it was avoided by medicinal treatment. The urine still contains sugar.

Hospital and Provincial News.

* * The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

LEICESTER COTTAGE HOSPITAL.

REPORTED BY DR. EDMUND CAPPER.

E. A., AGED 36, was admitted on November 13, suffering from an inflamed condition of the hand and arm. The trouble began with a scratch on the back of the hand from a thorn. She unfortunately spilt some spirit of salt (hydrochloric acid) upon the injured surface; this was followed by intense cellulitis, but there was no suppuration. The inflammation spread up the lymphatics to within 2 or 3 in. of the axilla. There was little rise of temperature throughout, but the pain was very intense. On admission to the hospital, three incisions were made upon the back of the hand and forearm, but no pus was discovered, and the swelling rapidly subsided. Before the incisions were made three or four irregularly defined patches, evidently caused by the acid, formed on the back of the hand, and these, after the operation, developed into irregular ulcers which gradually healed. Two days after the operation a curious mental condition supervened, the patient falling into a cataleptic state, with suppression of urine; refusing food, and making no answer when addressed. This lasted about forty-eight hours. A remark was made in her presence that she would have to be removed to an asylum, and the result of this was an immediate improvement in the mental condition. Later on obstinate vomiting set in, with severe epigastric pain, leading to a suspicion of duodenal ulcer, but there was no hæmatemesis. The administration of *ipec. φ* in 1 minim doses gradually cleared up the symptoms, and she is now convalescent, and is taking *argent. nit.* 3x.

The medicine given in the early stage was *china* ϕ , which seemed to assist greatly in keeping down the cellulitis, and the absence throughout of high febrile symptoms was probably due to this treatment.

Although the hospital has been kept fairly full during the last few months there have been no other cases presenting special features of interest. A detailed list of the cases that have undergone treatment during the year will be given in the Hospital Report, to be published early in January.

Correspondence.

SOUTHPORT COTTAGE HOSPITAL.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

DEAR SIRs,—I hope this may still be in time to secure a short notice in the next issue of the Review about the actual completion of our plans for our Cottage Hospital.

The first sod is to be turned next Friday, the 18th inst. The season of the year, combined with other circumstances, render it impossible to have any sort of public ceremony, but a few friends and the members of our Committee intend to be present, and to wish the work "God speed," as we hope our distant friends will do, too.

We have the *plans*, and we have the *enthusiasm*, but we are *very far* from having the necessary funds. At the present time we urgently need £200 to enable us to ask our generous friend, Mrs. Kissel, to fulfil her conditional promise of giving us £500, if, by the end of the present year, we could raise an equal amount independently. This I have not been able to do, but if an appeal through your paper could help us to raise the £200 still required by the end of January, 1909, the promise would, I know, still be carried out.

You will receive a copy of the *Building News* by the same post, containing drawings of the Hospital plans and elevations.

Our Dispensary attendances have increased so rapidly that I fear we must face, in the very near future, the inevitable extension. Our patients we cannot get into the room

sometimes, without waiting for others to pass out. Our numbers are already 500 ahead of those of last year.

Believe me, dear Sirs,

Yours truly,

JULIET K. VON STRALENDORFF,

Hon. Secretary and Hon. Treasurer.

December 16, 1908.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

GENTLEMEN,—At a meeting of homœopathic practitioners held at Lord Cawdor's house in London, I was asked to speak on "The Question of Propagandism." After the meeting some of the members asked me to write an article for the Review on this subject. Loth as I am to parade my individual views, I still feel that if we, as homœopathic medical practitioners, do not speak out our minds on the subject bearing upon this question, we are not doing our duty. This must be my plea for thus burdening your pages with what I think is a link lost in the armour of our national defence.

PROPAGANDISM.

The advancement in the knowledge of the law of *Similia similibus curentur*. In the treatment of diseased conditions, are we, as homœopathic practitioners, doing all that is possible to bring before not only the medical profession, but still more before the general public, the advantages of insisting on being treated by practitioners of medicine who believe in the truth of homœopathy?

Are we as homœopaths advancing the cause by toadying to the bogey of professional etiquette, thus being just absorbed into the "*omnium gatherum*" of all the "pathies," without making a fight for what we believe is the fundamental law of Nature?

You will naturally ask then, "How can we raise the flag of homœopathy to the standard of being the one that should float over all others, as the banner of that which will the quickest and the most definitely relieve human suffering?" I answer, "By Propagandism."

First, how is this to be conducted? In answer to this question, one naturally refers to what was done in the first and second decades by the pioneers of the cause.

Soon after the time when our Master, Samuel Hahnemann, promulgated the law of homœopathy, it began to be practised in London by some of his disciples, amongst them being Curie, the father of the well-known Curies of Paris, who brought to light radium with its wonderful powers, and which has helped us to prove the law of infinitesimal action.

To the giants of those days, who, facing the scorn and opprobrium of the orthodox school, fought the good fight, knowing they were on a sure foundation, how much we, in the present, owe!

We only dimly remember the names of such men as Quin, a friend of royalty and the founder of the Homœopathic Hospital, or Dr. John Epps, who about this time did pioneer work in promulgating the truth of homœopathy by lecturing in London on the homœopathic *materia medica* at whose feet such men as Roth, Wynne Thomas, Gibbs Blake, David Wilson, A. C. Clifton, and many others received their knowledge of homœopathy. He also visited some of the large centres of industry in the country, and by lecturing and speaking at public meetings many converts were made in Manchester, Liverpool, Northampton, Birmingham, York and other towns. By this means many medical men of sterling worth soon came over to the cause, and, after a short fight against the ostracism of the orthodox profession, became the leading practitioners in their district with a large and influential *clientèle*.

In all these towns homœopathic dispensaries were started, and in many cases followed by hospitals. At the annual meetings of these dispensaries men of light and learning of the homœopathic school were present, who gave their experiences of the two systems, allopathy and homœopathy, explaining not only the scientific aspect of the subject, but also the practical side, in words suited to the lay mind.

Full reports of these meetings were published in the local papers, causing a good deal of criticism from all classes. Again here the truth prevailed.

After the Homœopathic Hospital had opened its doors, the British Homœopathic Society began its vigorous life in pioneer work, with such noble men as Dudgeon, Hughes, Burnett, Bayes, Drysdale, Hayward, Roche, Sharpe, Pope,

Blackley, Henry Harris, Wynne Thomas, Gibbs Blake, Yeldham, Hamilton, Roth, Dunn, Wilson, Sharpe, Cameron, Pierce, and many others, whose names and memory will ever live in the hearts of all true believers—many of them men of great scientific attainments, who would in other spheres have made their mark in the world's history.

In these, with their personal individuality and writings in *The British Journal of Homœopathy*, *The Homœopathic Review*, *The Record*, and *The Homœopathic World*, we, of the present day, have bright examples to follow.

The question now comes, how and by what means are we to carry on this pioneer work? We have our homœopathic hospitals in London, Liverpool, Bournemouth, Birmingham, Plymouth, Hastings, and several cottage hospitals in different parts of the country—all these doing good work, and, by the voluntary work given by the staffs of these institutions, showing to the world at large that the advantages of homœopathic therapeutics, applied medically and surgically, are far in advance of any other form of medical and surgical treatment, not only in the saving of life, the shorter duration of sickness, but the ultimate and more permanent recovery to perfect health.

Then as to our societies and institutions. The British Homœopathic Society has always wisely kept its work purely on the ethical side of medical polemics, and has shown that it is in the vanguard of true scientific therapeutics.

We now have added the British Homœopathic Association, composed of both lay and professional representatives, whose objects and endeavours are, I think, to go beyond other societies, by combining advanced scientific research on homœopathic lines with a more pronounced appeal to the laity, showing to the community at large the advantages of homœopathy, and by giving lectures on *materia medica* and the practice of homœopathic therapeutics to advanced medical students and practitioners, and by bursaries, to enable such persons to obtain a much larger field of knowledge.

May I say here that I think the Association should, in both lay and professional members, be much more largely representative? That it should take under its wing all the homœopathic hospitals and dispensaries in the British Islands. That it

should be provided, by those who have benefited by homœopathic treatment, with funds sufficient to establish an Institute of Homœopathy, with accommodation for a central meeting-ground for members—lecture rooms, laboratories for research (excluding vivisection) and the proving of medicinal drugs—and to pay men qualified by their scientific knowledge for this research. Such professors should also speak at public meetings, drawing-room meetings, &c., on the advantages to the community at large of the more scientifically accurate and more certain relief and cure of suffering humanity.

I would also impress on all homœopathic practitioners to assert their rights—that all public institutions should be open to all qualified medical men. If the lay homœopaths support these institutions they should have the right of being treated by homœopaths.

Apologizing for this discursive letter,

I am, faithfully yours,

GEORGE CLIFTON.

Therapeutic Digest.

PHARMACOLOGICAL RESEARCHES ON MISTLETOE. — The author (J. Chevalier), in studying mistletoe with regard to its properties of lowering the arterial tension, finds that there are two glucosides which are found in the fresh plant in the colloidal state. From their chemical properties these substances are classed amongst the saponins by Kobert; one is acid, the other neutral. These bodies lose a part of their activity by their dissociation, as they do also by the action of heat. The hypodermic method of administration should not be used, as these glucosides are colloids, and consequently their injection is painful, and, moreover, irritant to the tissues, as would follow from their being classed amongst the saponins. The mistletoe, as well as being a depressant of the arterial tension, is a diuretic.—*L'Art Médical*, September, 1908.

OPOTHERAPY FOR MARSH FEVERS.—Dr. A. Charles Castellan, in discussing the various evils resulting from the use of quinine in malarial fevers, recommends the employment of a remedy made from the pulp of the spleen, and which MM. Arnoux and Leblond put up in sterilized ampoules ready for hypodermic injection under the name of "Paludol." Dr. Castellan has tried "Paludol" successfully in three cases. The first patient had contracted malaria at Constantine, in Algeria; the attacks of fever were frequent, and threatened to bring on a state of cachexia. The second patient caught the disease at Philippeville, also in Algeria, and was profoundly anæmic. The third had contracted malaria in Tonquin. In each of these patients injections of "Paludol" rapidly brought about the disappearance of the fever and restoration to perfect health. It was observed that an injection of "Paludol" given during a febrile attack caused the temperature to fall within a quarter of an hour or so from 40.5° C. to 36.5° C. Slowing of the pulse gradually followed the fall in temperature. The muscular pains, the shiverings, the discomforts of the fever attack disappeared as if by magic. In each of the three patients, at various times, there was produced a tender spot in the splenic region, varying in intensity according to the susceptibility of the patient. Dr. Castellan thinks this denotes a regeneration of the white, and consequently of the red, corpuscles by the spleen, and that it proves the certain influence of the splenic extract on marsh fevers. The sterilized ampoules of "Paludol" each contain 1 c.cm. of liquid, representing 0.003 mm. of splenic pulp. For adults the dose is 1 c.cm. in twenty-four hours, given hypodermically. After the fever has disappeared the injections should be given once in two or three days and continued for a time. For children and young people the dose varies from $\frac{1}{4}$ to $\frac{1}{2}$ c.cm.—*L'Art Médical*, November, 1908.

Reviews of Books.

The Cure of Tumours by Medicines, with especial Reference to the Cancer Nosodes. By John H. Clarke, M.D. London: James Epps and Co., Ltd., Medical Publishers, 48, Threadneedle Street, E.C. Price 2s. 6d. net.

We have read somewhere that for the reviewer to read the book he reviews is a great mistake; for if he reads it he is sure to acquire a certain bias in one or other direction, and with such a bias it is impossible to review the book fairly. There is a good deal to be said for this view of the case; almost as much as there is for placing the *Preface* somewhere in the middle of the book. It is notorious how very rarely the reader of a book reads the "Preface," but by placing it somewhere in the middle of the book, with no aggressive title to distinguish it from the rest of the letterpress, it is read without the reader being aware that he *has* read the preface—at least not till afterwards, and then it does not matter.

Inasmuch, however, as there is always a wide gap between theory and practice, between the ideal and the real, we may confess at once that we have read Dr. Clarke's interesting and instructive book with much pleasure, and, we trust, with some amount of profit. We have never ourselves been able to cure a case of undoubted cancer, and we are only too glad to hear of those who have. We have, however, been able, by our well-known medicines, to rob the disease of all the horrors, save one—death. This is something, but not enough, and we have asked ourselves over and over again, "Have I done all that could be done, or should I have done something else, tried some other medicine, or used the medicines in a different order or potency." These questions are serious, for cancer is a disease that touches most of us directly or indirectly, and Dr. Clarke's book will help us to a true solution of our difficulties. It is quite true that we have been credited with "curing cancer" on various occasions, because we have cured tumours that *other* doctors had *called* cancer, and advised operation; but we trust no one's diagnosis in these matters, but ourselves make sure of the nature of the tumour before we begin. We have nothing to say in favour of Dr. Coley's fluid; we used it in one case of genuine periosteal sarcoma of

the humerus, but we thought it did more harm than good. What helped more than any other medicine was fresh comfrey root, internally and externally.

As regards "simple" tumours, cysts, and glandular tumours, the case is different; we have frequently cured such by medicines alone. But one thing is very certain, as Dr. Clarke points out, and that is, if we are to be successful, we must not prescribe for the *tumour* but for the *patient*. The tumour is not the disease, but a *result* of the disease, and it is unscientific to treat results as if they were causes, as the old school so constantly does, without confessing to it.

Chapter III. is an important one. Supposing one has a case of *undoubted* cancer, how is one to act? Is it to be medicine *plus* surgery, or surgery *plus* medicine? At present we are rather in favour of the latter alternative—unless, of course, the patient absolutely refuses operation. The removal of the cancerous mass seems, as it were, to allow the body to recover itself, and gives medicines a chance to act—gives things a fresh start, as it were. For medicines to use after operations we have such drugs as *sodium cacodylate*, so highly recommended by Dr. Burford; another, which seems to be full of promise from a theoretical point of view, is *sodium anilin arsenate* ("atoxyl"). But where there are well-marked constitutional symptoms to guide one in the choice of medicines, these latter are to be preferred. From the homœopathist's point of view, surgery is the opprobrium of medicine. It is a confession of failure, not of homœopathy, but of the homœopathic physician.

So far as *rodent ulcer* is concerned, we had one case who had suffered many things of many physicians (including myself) but got no better, and so we advised exposure to the X-rays, and four or five sittings cured the case permanently, leaving only a whitish scar. The ulcer was situated on the ala nasi, and was about the size of a shilling.

In regard to Chapter VI., "The Relation of Cancer to other Diseases," some sixty years old observations by the late Sir James Paget may not be out of place here (*Lectures on Surgical Pathology*). He is commenting on a *post mortem* :—

"The contrast was very striking in this case, between the

appearances of active recent progress in the tuberculous disease, and of the opposite course in the cancerous disease found after death ; and I can hardly doubt that, during life, the progress of the one had been at first coincident, and then commensurate with the regress of the other " (third edition, p. 645).

Then again at p. 790 he says :—

" At present, I believe, the best part of the facts established or made probable by these investigations, relate to the antagonism or incompatibility of cancer and certain other specific diseases. I think we cannot doubt that, as a general rule, cancerous and tuberculous diseases do not make active progress at the same time ; and that, in this sense, they exclude one another, and are incompatible. . . . I believe, also, that I have seen at least one instance in which active tuberculous disease of the lungs was arrested immediately before the appearance of a scirrhus cancer in the breast ; and we find, in so many of those who die with cancer, the remnants of tubercular disease from which they have suffered in earlier life, that we may believe that the recovery from the one has been in some manner connected with the supervention of the other. So, on the other side, the rarity of progressive tuberculous disease in those that are cancerous may be because . . . the cancerous diathesis excludes that condition of the blood in which the tuberculous disease has its rise."

The same question is discussed in W. R. Williams' recent book, *The Natural History of Cancer*.

Is this an example, then, of Hahnemann's dictum—that two diseases which are *very like* each other cannot exist in the same patient at the same time ? If that be so, then the nosodes of cancer should be of great use in the treatment of tuberculosis, and those of tuberculosis in the treatment of cancer.

We hope our colleagues will read this little book ; it is well worth reading, and well worth its price.

The Simple Medical Card Index System, and The Simple Medical Year Book. London : John Bale, Sons and Danielsson, Ltd., 83-91, Great Titchfield Street, W.

We desire to draw attention to these exceedingly useful publications. We have used, in a slightly modified form, the

Card Index System for many years, for notes of patients. In the "Year Book" a page is allotted to each week, on which can be entered the daily fees earned, cash and ledger receipts, as well as all the various sources of a professional expenditure. In this way one can see at any moment during the year just where one stands in regard to receipts and expenditure. This is of great assistance in dealing with the troublesome matter of Income Tax.

The *Card Index System* is very elastic, and might be adopted for many purposes. It is most simple and convenient. A great variety of cards, in different colours, are prepared for use with this system. We warmly commend it to all our medical colleagues.

Death and its Verification. By J. Brindley James, L.R.C.P.I., M.R.C.S.Eng., A.K.C.Lond., Examining Physician-in-Chief to, and Vice-President of, the Association for the Prevention of Premature Burial, &c. London : Rebman, Limited, 1908.

The object of this little book appears to be two-fold : first—according to the preface—to convince "all people, but especially doctors, that cases of premature burial are by no means so rare as is commonly supposed," and secondly, to explain by what means the physician is to safeguard his patients from such a catastrophe. As to the first proposition, we cannot see that Dr. Brindley James at all proves the probability of such an untoward event, except, perhaps, with cases of drowning and hanging, in both of which the general practitioner, on the rare occasions when he may meet with them, invariably uses every means for resuscitation. In this country no body is interred within two or three days after supposed death, and since no case is on record of either drowning or hanging in which a patient has returned to life, or has been proved to have been alive, beyond two or three *hours* after rescue, we hardly think the danger is sufficient to call for any especial precautions. As to the risk of premature burial after death from ordinary diseases, we hardly think it can be said to exist, especially when Dr. James himself informs us that "a man shut up in an ordinary coffin might live as long as twenty minutes"; and if no longer than this, burial when alive can

hardly, we think, be possible in this country. A few cases of suspended animation are given in the booklet before us, but none in which there seems to have been much danger of immediate interment; so we cannot agree with the author that "the apathy of the public is very strange." It is better, perhaps, not to excite the public on this subject, and we rather prefer to notice the really useful portion of the book, namely, that giving the signs of death, and the various means which the physician can use in cases of sudden syncope simulating death, or of catalepsy. These are very clearly and fully set forth by the author, some of the tests given being especially worthy of consideration.

Notices, Reports, &c.

"GLAXO."

"GLAXO."—We have received from the "Glaxo" Company, 88, Gracechurch Street, London, E.C. (Joseph Nathan and Co., Ltd., London, and Wellington, New Zealand) a sample of their milk food for infants. Now, of the making of infant foods there is no end, and much starch is a weariness to the infant stomach, and pathogenic micro-organisms even worse. But "Glaxo" is a *starchless* product, containing all the solids of milk in a *sterile* soluble form. It is in the form of a very pleasant-tasting white powder, and this powder is prepared under the most aseptic conditions, from the milk of specially examined cows. It consists of the same food elements as does cow's milk, with the exception of the water, but the constituents have been modified in such a way as to increase their digestibility. Further, its composition does not vary, for the milk is mechanically standardized. It contains a remarkably large proportion of fat, and the fats present are in the form of free fatty acids. The modifications which the proteids have undergone ensures the formation of a fine granular and not a solid clot when exposed to the juices of the stomach. This fact, and the presence of the large amount of fat, are points greatly in its favour. The small amount of fat in many of the infant foods on the market to-day has, in our opinion, been an insuperable objection to their use.

The milk used is obtained in New Zealand, and the Government control of dairy industries in that colony is far more complete than in any other country, and the cattle employed more strictly looked after, from a public health point of view. The milk is received from the farmer within two hours of its being drawn from the cow, and its treatment thereafter is strictly in keeping with the most advanced ideas of asepsis. Indeed, so careful are the precautions in this respect, that one almost imagines oneself in the midst of preparations for some major surgical operation—even down to the sterilized rubber gloves.

Another point greatly in favour of "Glaxo" is its cheapness—not cheap and nasty, but cheap and good—the cost of feeding an infant, up to 1 month old, on "Glaxo," being only about 1s. 6d. per week. This places the food within reach of the poor, even the very poor. Again, this fact is of great importance in hospitals for sick children, and in cases of rate-aided corporations who supply milk for the infants of the poor. "Glaxo" is entirely free from any adulterating compound, either for the purpose of preservation or for any other purpose; and it does not go bad even when kept for long periods, and is not affected by hot weather. From a theoretical point of view its relative sterility would suggest its great value as a food in cases of summer diarrhoea. This food has been subjected to most exacting and exhaustive "feeding trials," both public and private, and it has stood the tests well, and its claims have been more than substantiated. The children gain in weight; their colour, energy, and the firmness of their muscles are also increased. So far as one can see, its use does not seem to predispose to rickets or scurvy, indeed, quite the contrary. This, we confess, is most remarkable, and upsets one's theories on the subject. In this respect it contrasts very favourably with "pasteurized" milk, which, so far as we are aware, has been a total failure, at least so far as the reduction of infant mortality is concerned.

Taking the world as it is, with its large proportion of human mothers who cannot, or will not, suckle their young, and with a still greater proportion of mothers in whom the deposit meant for brains seems by some mischance to have been omitted; for the ignorance of the average mother is

simply appalling when it comes to the care of infant life, and is only equalled by her appalling obstinacy in rejecting rational instructions on this important matter ; taking all this, we say, into consideration—for, after all, we have to do with the world as it is, and not with an ideal world—there is no doubt that "Glaxo," as an infant food, stands in the front rank, and stands there almost alone. It is an ideal food for infants, especially during the summer months, when ordinary milk is so liable to contamination by dust-borne and by fly-borne organisms. The use of "Glaxo," however, is not limited to infants and children. It ought to be very useful in cases of gastric or intestinal diseases, *e.g.*, colitis, in the case of adults.

THE LAUNCESTON HOMŒOPATHIC HOSPITAL, TASMANIA.

THE Annual Meeting of this Hospital was held in September last, and the report published in the Tasmanian *Daily Telegraph* shows that a good year's work has been done. The President, Mr. Henry Ritchie, occupied the chair, and announced the election of Dr. W. G. C. Clark as an honorary medical officer to the Hospital, in conjunction with Dr. P. Douglas Smith, to whose valued services for some years past a warm tribute of praise was given. A recent visit of Lady Edeline Strickland to the Hospital, who expressed pleasure at the excellent arrangements of the institution, was referred to. A legacy of £250 from the late Mr. John Ralston has been received, also a subsidy of £200 from the Government of Tasmania on the pound to pound principle. The Medical Report states that seventy-five patients, being more than in any previous year, had been under treatment. There were only four deaths, one from puerperal eclampsia, one from general tuberculosis, one from valvular disease of the heart, and one from enteric fever. This latter was the first death from enteric fever in a series of seventy cases received since the Hospital opened. We refer to this striking fact in our "Editorial Notes." Our colleagues, Dr. Douglas Smith and Dr. Clark, are to be congratulated on their good work, and we are glad to know that the flag of homœopathy is being so well displayed in this Colony.

LONDON HOMŒOPATHIC HOSPITAL.

THIS, the only hospital in London conducted on homœopathic principles, may well appeal to all interested in the care of the sick and suffering poor. Its doors are open freely for the reception of cases of accident or disease, without any distinction as regards sect or nationality. It may fairly be classed as one of London's large general hospitals, with separate departments for special diseases. Last year it treated 1,105 in-patients and the out-patients numbered 10,167. For some time past the accommodation has been inadequate to meet the increasing demands for admission, and its friends last year raised the magnificent sum of £30,000 for enlarging the Hospital to the extent of providing 170 beds against the present 104. The extension work is now well in hand, and when finished the institution will be one of the most complete and up-to-date hospitals in the kingdom. The Board are now earnestly appealing for £2,500 to furnish the new wing extension and thus open same quite free from debt. The annual expenditure amounts to about £9,000, which will, of course, be increased when the enlarged hospital is in full operation. For nearly the whole of this expenditure the Committee have to look to the generous public, and any help our readers can send, either by way of subscriptions or donations, will be thankfully received by Mr. Edward A. Attwood, the Secretary, at the Hospital, Great Ormond Street, W.C.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the session was held at the London Homœopathic Hospital on Thursday, December 3. Dr. Cash Reed, the President, was in the chair.

Ernest Hawkes, M.R.C.S., L.R.C.P.Lond., L.S.A., of Liskeard, was elected a member of the Society.

The PRESIDENT informed the meeting of the death, from an attack of angina pectoris, of Mrs. Hawkes, the wife of Dr. A. E. Hawkes, of Liverpool, and that a letter of condolence from the Society should be sent to Dr. Hawkes was proposed by Dr. DYCE BROWN and seconded by Dr. KNOX SHAW, and carried unanimously.

Dr. BYRES MOIR then made some remarks on the position

in which Dr. Hayle's sudden death has left his family, and the meeting decided that the matter should be referred to the Council.

It was announced by the PRESIDENT that Mr. Watts, a former member of the Society, was present as a visitor.

Dr. PERCY WILDE then read his paper entitled "Chronic Diseases of the Hip-joint." He divided chronic diseases of the hip-joint into four divisions: (1) Rheumatoid or osteoarthritis; (2) atrophic disease of the hip; (3) Charcot's disease; (4) hypertrophic disease of the hip. He carefully portrayed the symptoms of each of these varieties and dwelt on their differential diagnosis. He paid especial attention to atrophic disease of the hip, remarking on its slow and insidious approach, with perfect retention of movement in the joint, and ability for a long time to walk a considerable distance; the freedom from pain, except when weight is borne on the limb, and the hopelessness of cure or amelioration unless perfect rest can be obtained. He considers the atrophy to be a trophic change consequent on damage to, or disease of, the obturator nerve, which supplies a branch to the hip-joint, and, as confirming this view, mentioned a diagnostic early symptom of the complaint, viz., that though the patient can move his leg freely in every direction he has difficulty in crossing the affected limb over the other, a movement in which the adductors supplied by the obturator nerve are brought into play. He also mentioned the closeness of the sigmoid flexure to the obturator nerve in the pelvis, and the frequency with which chronic constipation, with over-loaded sigmoid, coincided with this form of hip-joint disease, and thought pressure on the nerve from this cause might sometimes be a factor in its causation. To ensure as much rest as possible to the joint in the case of patients who refused or were unable to rest entirely, he had devised a special combined crutch and walking-stick, which he showed to the meeting. Other treatments employed are hot douches, the electric current, baths, resisted movements, and, medicinally, *calcareo carbonica* given over long periods of time. Dr. Wilde gave a demonstration of the various movements he made use of in the differential diagnosis of hip-joint diseases.

The discussion which followed was carried on by Drs.

JAGIELSKI, DYCE BROWN, BYRES MOIR, KNOX SHAW, SEARSON, EADIE, HEY, CASH REED, and McCULLOCH, and Dr. WILDE replied.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from November 15 to December 14, 1908 :—

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HOMŒOPATHY IN UTRECHT.

ON April 3, 1908, Dr. van Roijen, Physician to the Utrecht Homœopathic Hospital, gave a lecture on Homœopathy to the "medical faculty" of the Utrecht "studentencorps," having been asked to do so by their Chairman, who had

arranged the matter with Professor Talma. Knowing that he had to speak before students who wished to know what is really understood by homœopathy, the lecturer took care that his lecture should be instructive, and therefore explained the *groundwork*, making this clear, and communicating to his audience anything that had any relationship to this foundation. For further information he referred them to his clinic.

The lecture was given in Professor Spronck's new lecture-room, which was inaugurated on this occasion. Besides the students, the following were also present: Professor Talma, Professor Spronck (the host), and Professor Zwaardemaker, also a few doctors and physicians, who had received invitations, and the Council of the Utrecht "Studentencorps."

After the lecture was over, the heads of the faculty, with the professors and the lecturer, once more retired to Professor Spronck's study for a quarter of an hour's rest; here tea and wine were handed round, and a friendly, pleasant spirit reigned.

After this interval the audience returned, to the lecture-room. Here a list of questions had been drawn up by about a dozen students, who still wanted some points made clear to them. This had been done on the lecturer's suggestion. Some of the questions asked were clear and to the point, others were stupid and amusing; all were answered, however, and this took up about an hour and a half. The tone, on the whole, was pleasant and friendly, and now and again there was much laughter.

At the conclusion of the evening Professor Talma came up to the lecturer and held out his hand, with the words: "Mr. van Roijen, I thank you heartily for your interesting lecture, and I congratulate you on your success."

On Friday, May 8, a lecture was given in the same room by Professor Talma, on "The Limits of Therapeutics." This was really a debate, and as far as the first half went, was a reply to Dr. van Roijen's lecture. Although the speaker naturally did not agree with him on all points, he was full of praise for Dr. van Roijen's lecture, and whilst he still doubted the accuracy of some few parts of it, he said that as far as the deep groundwork of therapeutics was concerned, he quite agreed with it. This is all the more satisfactory, as

Professor Talma has always been known as a stubborn opponent of our methods, and as being accustomed to express his opinions on the subject very freely. We heartily congratulate our Utrecht colleague upon the success attending his lecture, which on the whole may be reckoned a decided "score" for homœopathy.—*Journal of the Society for the Propagation of Homœopathy in the Netherlands*, July, 1908.

J. G. B.

HONYMAN-GILLESPIE LECTURES.

DR. SEARSON is continuing his demonstration of clinical cases every Tuesday and Friday in connection with this course. The following cases were shown at the demonstration on Friday, November 27 :—

(1) A girl with a hard, red growth in the left nostril, which appeared at first sight like a bony tumour, but was in reality a deviation of the septum. It had originated as the result of an accident when she was a child 6 years old. Mr. Dudley Wright proposed to correct the deviation by means of an operation.

(2) A case of quinsy in a middle-aged man. He had come to Mr. Dudley Wright's out-patient clinic on November 25 with a large inflamed right tonsil. Attempt was made to abort the threatened quinsy by the application, after cocainization, of a swab dipped in nitric acid, which was lightly brushed over the inflamed tonsil. *Merc. bin.* 3, with *bell.* *rx.*, was ordered to be taken alternately every hour. When shown by Dr. Searson, two days later, there was considerable improvement, and the tonsil, though large, showed no signs of suppurating.

Dr. Searson took occasion to remark on the ordinary homœopathic treatment for quinsy, and recommended *aconite* in one drop doses every quarter of an hour for six doses at the very commencement as frequently successful in aborting an attack. Later on he would give *bell.* or *apis* if there was much œdema of the fauces and uvula. At a still later stage *hepar*, which should be given high if with the intention of preventing suppuration, and low if to hurry it on when it had already taken place. He mentioned as medicines often useful in inflamed throats *ammon. mur.*, indicated by the symptom

"coldness between the shoulder-blades," and *phylolacca* and *merc. bin.* for follicular tonsillitis, where the tonsils are covered by a whitish or yellow-white membrane.

(3) A woman, aged 50, with bronchitis. The distinguishing feature of this case was the presence of a quantity of large moist râles all over the chest. The case had first been treated with *stannum* without much effect, but it improved immediately after *antim. tart.* 6 was given.

Dr. Searson remarked the value of *antim. tart.* for bronchial affections, and gave at length the indications for its use, emphasizing the 4 a.m. aggravation and the being made worse by warm drinks, which are characteristic of the drug.

(4) A little girl with enlarged turbinates. Adenoids had been removed eighteen months ago. She was being treated with *hepar*, which Mr. Wright had found very useful in this condition. This patient was also the subject of a perforation in the tympanic membrane of the right ear, for which she was being treated with insufflations of calendulated boric acid powder.

(5) This was a case of a girl who had suffered from thread-worms, associated with pain in the right loin so severe as to suggest the presence of a renal calculus. A single dose of *cina c.m.* had been given her, with the result of complete disappearance of the thread-worms, and total cessation of the lumbar pain.

(6) A very rare case was shown in the children's ward. It was that of a little girl, all of whose joints were affected with a condition resembling rheumatoid arthritis in older people. They were swollen and spindle-shaped, and the muscles moving the affected joints were much wasted. There was no pain to touch or movement. She was being treated by Dr. Roberson Day with *sulphur 30*.

Other clinical demonstrations by Dr. Searson have been on the cases following :—

December 1.—(1) Myxoedema. (2) A sulphur case. (3) Epilepsy following refractive error. (4) Anterior crural neuralgia. (5) Illustrating the treatment of coughs. (6) Treatment of dropsy (Queen's Ward).

December 4.—(1) Angio-neurotic œdema (*apis*). (2) Treatment of coughs. (3) Tape-worm (Barton Ward). (4) Albuminuria with casts (*plumb. carb. 30*, Dr. Roberson Day)

December 8.—(1) Double congenital hip dislocation (Mr. Eadie). (2) Severe back pain (*kali carb. c.m.*). (3) Treatment of constipation. (4) Swelling of right shoulder with disorganization of joint.

December 11. — (1) Progressive muscular atrophy. (2) Facial paralysis. (3) Illustrations of constipation treatment. (4) *Petroselinum* in diabetes. (5) Unusual type of headache (*gelsem.*).

At present Dr. Wheeler is devoting his Monday lectures to the consideration of the drugs of the *materia medica*, while on Thursdays the time is devoted to more theoretical matters, such as drug dynamization, the theory of chronic diseases, and so forth.

The following are some notes on his lecture of November 30 on *Aconite*: *Aconite* is the drug mainly responsible for giving its quietus to the practice of bloodletting. Those who naturally recovered best from the ordeal of bloodletting were those who had good powers of reaction and whose fevers were consequently sthenic. It is just these cases of fever which *aconite* controls. So the introduction of the use of *aconite* for this character of fever competed with bloodletting in its strongest sphere, and by its manifest superiority to it soon abolished its general employment.

The active principle of *aconite* is the alkaloid *aconitine*, and as with other alkaloids, so with this, has been preferred by the orthodox school as being of more certain composition and constant strength. Homœopaths have, however, found the use of alkaloids rather disappointing, as they do not cover the whole activity of the drug, and, moreover, the provings were all made with the tinctures, and very few of the alkaloids have been at all adequately proved.

The homœopathic tincture is stronger than that of the British Pharmacopœia and is made from the whole of the fresh plant. It has a cumulative effect. The chief effects of a moderate dose are: In the tongue, pricking, tingling, and burning, as primary effects, followed by loss of sensation, first a stimulating, then a deadening. The lecturer here incidentally remarked that both the primary and secondary effects of a drug could be used in prescribing homœopathically, and though this seemed to involve a contradiction it was not so

really. Drug action, he believed, was allied or identical with the action of ferments, which at a certain point took on a reversible action. The important thing is that the drug should have a special affinity for the particular cells affected, the disturbed cells being ready to have their action reversed by any substance having a sufficiently close affinity to influence them.

Continuing the pathogenesis: the same symptoms of pricking, burning, and numbness are felt in the mouth and throat as in the tongue; both feel swollen, and there is dysphagia, partly due to the pain and partly to the loss of sensation. Nausea, vomiting, colics, and even jaundice are caused. There is precordial anxiety. The pulse is slow and irregular with large doses, small, quick, and tense with small doses. The circulatory symptoms are those of immediate and violent reaction, the vital centres are directly affected, and especially the vasomotor centres. The skin is covered with an erythematous blush, or is pale and bathed in cold sweat. The motor sphere is but little involved, the sensory much so and chiefly the special senses; there are paralysis of accommodation, hyper-sensitiveness to light, and deafness, and pains in the ear. There are pains in the joints. Headache and giddiness, sleeplessness, restlessness, anxiety, and fear, especially fear of death. Dry mucous membranes, chilliness, shiverings, followed by heats, and these alternations of chill and heat recur in paroxysms, or waves of external chill associated with internal heat follow one another at short intervals. The action of *aconite* is cyclonic, violent, but of short duration. The heat is first felt in the hands, spreads over the body, and finally reaches the head, causing flushed cheeks and headache. This is the kind of chill and heat so often found at the beginning of a cold, and at the very commencement of some fevers, such as measles and pneumonia. It was recommended by Hahnemann for these, but he laid great stress on the importance of the mental symptoms coinciding—the impatience, restlessness, and anxiety; as unless this mental state is present *aconite* is not likely to be of much use. The *aconite* pulse is typically hard, full, and tense. Tenseness, as Dr. Hughes says, sums up the main characteristics of *aconite*: tenseness of pulse, tense nerves, tense mental condition. The

drug shows ability to react strongly, and it is in fevers where there is strong reaction that it is indicated, and is seldom of any use in septic fevers, like typhoid, where the state is one of depression. It is useful for diseases brought on by chills, cold winds, heat of sun—all reactive vasomotor effects. Its influence over excited circulation and tense arteries gives it its value in the insomnia of aged people, and in cerebral hæmorrhage. It is of service for acute conjunctivitis where there is lachrymation, photophobia, pain, and even sudden transient blindness. It has an especial affinity for the fifth cranial nerve, and in high dilutions often cures trigeminal neuralgia. It will check a commencing tonsillitis, but is of no use when pus has formed. It is useful for acute colic, and for infantile diarrhœa, the result of exposure to cold; for suppression of urine, and for catheter fever, suppressed menses the result of chill; for acute hæmorrhages. The pains in the chest and dry cough caused by it make it homœopathic to pleurisy in the first dry stage, and the anxiety in the præcordia, the stitching pains and palpitation, suggest it for rheumatic heart affections. *Aconite* belongs to the family of the *Ranunculaceæ*, and resembles another plant of that order, the *Ranunculus bulbosus*, in the stitching pains it causes in the chest. It resembles *veratrum viride* in its action on the pulse, but with *veratrum viride* the pulse is usually quicker and less tense. It is like *ferrum-phos.* in many respects in its influence on fevers and tendency to hæmorrhages, but with *ferrum-phos.* the pulse is full and soft instead of being full and tense. *Sulphur* follows *aconite* well and resembles it in many ways; it has been called the chronic of *aconite*. *Aconite* symptoms are aggravated by heat, stimulants, and motion. Antidotes are *coffea* and *nux vomica*.

Dr. Wheeler, continuing his course of lectures, took *Arsenicum Album* for his subject on Monday, December 7. He began by referring to the use of *arsenic* for poisoning in the middle ages, the absence of any efficient test for its discovery in the dead body making it a favourite substance for use in criminal poisoning, and also the close resemblance of its symptoms to those of Asiatic cholera, made it easy to employ it for criminal purposes without fear of detection at times when there was an epidemic of cholera. It is still

used as a poison both for suicidal and criminal purpose, the more frequently so as it can be readily obtained, being the principal ingredient in many weed-killers and cosmetic lotions. *Arsenicum album* is a polycryst. Its chief affinity is for the mucous membranes and the skin. It can be collected from the stomach after being introduced into the body by hypodermic injection, proving that it has a definite affinity for the mucous membrane of that organ. It strongly affects the nerves, especially the peripheral nerves. It affects kidney tissue, and is excreted mainly through the urine, but also in the sweat and the saliva. As far as the gastro-intestinal sphere is concerned, it is thought to act most vigorously in those of lymphatic temperament. There is in some people a great tolerance for *arsenic*, and this more in children than in old people, who are usually very susceptible to its influence. Tolerance can be easily acquired, as is the case with the Styrian arsenic eaters. It is frequently used to improve the complexion and to prevent falling out of hair.

Symptoms.—A red or coated tongue, burning in the mouth, stomatitis, salivation. In this respect it is related to *mercury*, and it is of interest to observe that many modern physicians treat the primary stage of syphilis with *arsenic*. In the stomach there are pain, nausea, and vomiting, sometimes vomiting of blood; in the abdomen colic and distension. Diarrhoea of watery stools. There are anxiety, fever, and breathlessness, with the gastro-intestinal symptoms; the last symptom—breathlessness—being due to weakness of the heart muscles. *Arsenic* causes fatty degeneration of the heart. There are albuminuria and hæmaturia. It is interesting to note that in some cases the urine of people taking *arsenic* has been found to reduce Fehling's solution. Transient increase followed by loss of sexual power. Violent coryza, with headache, conjunctivitis, laryngitis, bronchitis, hæmoptysis. Precordial anxiety, small, rapid, thready pulse. Cold sweatings, cold extremities, weakness, fatigue, cachexia, wasting. *Arsenic* produces fever which may reach 103.5° F.; it is of three types—continuous, hectic, or intermittent. There are pains in the bones. Multiple neuritis, anæsthesia, analgesia, loss of reflexes, twitchings and, finally, paralysis. It stimulates leucocytic action in small doses, and the leucocytes have an

affinity for it, as have, consequently, the lymphatic glands and spleen. It has been known to cause abscesses in the lymphatic glands. *Arsenic* may cause almost any kind of dermatitis; it induces a continued hyperæmia of the deeper layers of the skin, and favours thickening of the epidermis, with formation of scales, horny growths, and even epithelium. It increases the natural pigmentation of the skin. The hair and nails become diseased and fall out. Dr. Schultz regards *arsenic* as a normal constituent of the skin. The mental state of *arsenic* is one of melancholy; there are weeping, sadness, and fear of death; anxiety, which is worse at night. All the symptoms are worse at night, and keep the patient restless and sleepless; drowsiness by day. There is marked periodicity in the symptoms of *arsenic*, especially the neuralgia, which affect chiefly the sciatic and trigeminal nerves. Symptoms may closely simulate cholera, viz., dryness of mouth, great thirst for small quantities and often; stools watery; collapse; small, fast, and irregular pulse. Dr. Schultz recommends *arseniate of copper* as being the best treatment of cholera. There is œdema of the skin, present anywhere, but most characteristically in the face. *Arsenic* influences the red blood corpuscles, first stimulating their increase and then diminishing them.

Dr. Wheeler reserved the discussion of the therapeutics of *arsenic* till the next lecture on December 14.

On Monday, December 14, Dr. Wheeler resumed the subject of *Arsenicum*, and as in his last lecture he had dwelt mainly on the pathological effects of the drug, in this he discoursed on its therapeutic uses, and from an entirely homœopathic standpoint.

He began by enumerating the general features indicative of the drug, viz., marked periodicity; prostration; malignancy of affection which bore an analogy to profound septic poisoning; restlessness of body; anguish of mind, as from sense of some impending calamity; the character of the pains, which are burning, worse at rest, at night, especially from 1 to 3 a.m., from cold, and better from heat; thirst, for small quantities, frequently repeated.

These being the generalities, the particulars were next con-

sidered, and these are in most cases readily deduced from the generalities. Thus the fevers for which *arsenicum* is indicated are (1) intermittent fevers—chill not periodic to the exact hour, thirst for hot drinks, swelling of the spleen, cachexia ; (2) hectic fevers—septic and of malignant aspect, as in tuberculosis ; its influence on glandular tissue would indicate it for tubercular glands. The *arsenic* fever is of septic type, the fever of chronic poisoning, in contrast with the transitory though violent fever of *aconite*.

Arsenicum inflames the mucous membranes, but the inflammations are not accompanied by much pus formation ; the discharge is thin, watery, the mucous membrane dry, and with tendency to ulcerate. It also inflames serous membranes, but not so profoundly as the mucous membranes. It congests and inflames the lungs, and corresponds to chronic pneumonias. It causes a dyspnoea resembling that of asthma. It is suited to the hydrogenoid constitution, which is made worse by damp and cold and better by heat. According to Dr. Clarke, the dynamic antidote of *arsenicum* is *opium*.

Going through the schema, the indications for *arsenic* are as follows :—

Mind.—Melancholy, sense of impending calamity, tendency to despair, even to suicide, restlessness, cannot keep still, irritable. General sensibility is increased (compare *hepar*).

Head.—Sense of emptiness and giddiness. Headaches are throbbing or pressing, and are often periodical. Headaches are relieved by cold ; this is the only *arsenicum* symptom which is relieved by cold, and this fact causes an alternation of symptoms. When the headaches are better (being thus relieved) the other symptoms are worse, and *vice versa*.

Eyes.—Conjunctivitis, the discharge being thin and excoriating. Gritty feeling in the eye ; corneal ulcers.

Nose.—Dryness and burning, with watery, excoriating discharge. The coryza is worse outdoors, better indoors.

Face.—Edema, especially under the eyes and about lips ; neuralgia.

Mouth.—The saliva tough and acrid, with metallic taste in mouth ; mouth feels sore and burning ; stomatitis ; thirst.

Tongue.—Dry, clean and red. (*Thuja* also has a clean tongue with gastric complaints.)

Throat.—Burning and dry.

Stomach.—Loss of appetite, dislike of meat; eructations acrid; excessive nausea, going on to vomiting; ulceration with hæmatemesis and violent pains in the epigastrium; pain worse from pressure; sense of constriction and burning, gastritis.

Abdomen.—Enlarged spleen. The pains are chiefly on the left side; burning and flatulence; inflammation and ulceration of intestines, with colic and diarrhœa; tenesmus. The stools are not very copious, but frequent, and cause great prostration. Enteric fever; cholera.

Kidneys.—Inflamed kidneys; scanty urine, with blood and albumin; or it irritates them, merely causing polyuria. Used therefore in Bright's disease, and especially when the acute attack is subsiding into a chronic condition. Diabetes. (It is said that the urine in some cases of *arsenic* poisoning reduced Fehling's solution.)

Leucorrhœa.—Acrid.

Respiratory System.—Thin coryza; hoarseness, dryness, and burning in larynx and trachea; desire to clear away something that is not there. Cough worse at night, after drinking, and in cold air. The respiration is oppressed with sense of suffocation and scanty expectoration (indication for asthma). In phthisis the *iodide of arsenic* is generally used, the action of the *iodine* reinforcing the *arsenic*.

Heart.—Degenerated or fatty heart; chronic heart disease; dilated heart. Here also the *iodide* is more useful than *arsenic* alone.

Nerves.—Peripheral neuritis.

Skin.—All kinds of skin disease, but these should be prescribed for on the general symptoms, for unless these agree *arsenic* is not likely to do good. In epithelioma of skin think of *arsenic*, especially the *cacodylate of soda*, which should be given in fairly large doses ($\frac{1}{4}$ grain *ter die* over extended periods).

Sleep.—Drowsiness; sleeping sickness; anæmia and pernicious anæmia.

Phosphorus and *thuja* follow *arsenicum* and complete its action. It follows well *aconite*, *bell.*, *cham.*, *ipecac.*

Doses.—Dr. Wheeler recommends high dilutions to be given in neuralgia, skin, and nerve diseases—*ex. gr.* in chorea. He remarked that when *arsenic* controlled the movements of chorea when given in large doses, it did so by benumbing or paralysing the nerves. Low dilutions in gastric, intestinal and kidney diseases. All dilutions in respiratory diseases.

Compounds of Arsenic.—*Arsen-iod.* in fairly low dilutions in phthisis, heart disease, and persistent irritating discharges. *Cacodylate of soda* in material doses for malignant growths. *Bromide of arsenic* for diabetes and syphilis. *Arseniate of antimony* for emphysema and bronchitis.

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Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. BLACKLEY (London), Dr. A. E. HAWKES (Liverpool), Dr. BLACK (Torquay), Dr. STANLEY WILDE, Dr. EDMUND CAPPER, Mrs. VON STRALENDORFF, Dr. GEORGE CLIFTON, Messrs. DOERICKE and RUNYON (New York), Dr. BURFORD (London).

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMŒOPATHIC REVIEW.

FEBRUARY, 1909.

Editorial.

"NOW'S THE DAY AND NOW'S THE HOUR."
THE NATIONALIZATION OF HOMŒOPATHY.

SEED sown for a century is now fructifying *en masse*. Bread cast upon the waters has sunken, taken root, and now presages a fertile crop. The continuous work of homœopathy in this country is now beginning to tell in public life. Our American cousins have exploited its State values long ere now. But we—well, we follow with a more dignified slowness in matters of National recognition, and now the word has come for homœopathy to move.

On March 17 next, the Right Honourable the Lord Mayor of London has engaged to preside at a public meeting to be held at the Mansion House to consider how homœopathy can best be nationalized, how best impressed into the service of the State. The whole nation that knows and values homœopathy will be represented on this occasion. Former heads of the great Departments of State, Peers of the Realm, Members of both Houses of Parliament, Dignitaries of Commerce—these are the responsible advisors of the meeting to which the Chief Magistrate of our metropolitan city will give his support and counsel. It is no ordinary meeting, and it portends no ordinary occasion. British cities and boroughs

and districts have long, each in their separateness, carried on local homœopathic work and supported local homœopathic institutions. Now comes a movement, guided by great authorities, to enable the diffused and detached local homœopathic interests of the country to be represented at a National Council table, to have unity put into the cause, a thread of connection to run through British homœopathic public work; and this movement can only have arisen from a recognition of the importance of homœopathy to the whole nation.

This is, of course, the natural outcome of our unflagging work in homœopathy for a century, and the severest test of our actual value to the community. For it is the serviceableness of homœopathy to the whole commonwealth that controls its maintenance and its growth. We take our stand and justify our existence on the ground that ours can ensue, more than any other form of practice, individual safety and well-being. Now we are to have opportunity for expansion and enlargement—opportunity to functionate as one of the great currents of national life. We may not always remain in the cold shade of opposition, snowed under by the misjudgment and exclusiveness of those who differ from us. Sooner or later we are bound to rise to the full measure of our possibilities as servants of the State; and for the entrance into this

“Now’s the day, and now’s the hour.”

Let every one of us feel it laid on his conscience to make his best endeavour to attend himself and to use his personal weight with all friends of homœopathy to be present or represented at the Mansion House on March 17 next.

Editorial Notes and News.

*. The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

THE example set by the Chief Magistrate **The Lord Mayor** of the City of London is one that cannot fail to arouse the enthusiasm of the most quiescent homœopath and stimulate him to action, and should particularly affect all supporters of the British Homœopathic Association; for, in addition to presiding over one of the preliminary meetings held in connection with the great public assembly to be held at the Mansion House on March 17, and taking personal interest in all the details of that meeting, the Lord Mayor has most kindly consented to take the chair at a Festival Dinner to be held in London on June 14, on behalf of the funds of the Association.

The Lady Mayoress, the Earl of Donoughmore, and Earl Cawdor are among those who have already expressed their intention of being present on that occasion.

As no special appeal has been made to the members of the Association for three years, and as its work is being very seriously restricted for want of funds, we feel sure that all who are interested in it will take this opportunity of showing in a practical form their appreciation of its aims.

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Homœopathy in Infectious Diseases.

RECENT scientific discoveries have given such a stimulus to the treatment of contagious diseases by the corresponding serum or vaccine derived from the infectious *materies morbi*, that the profession needs to be reminded of the very successful treatment of these diseases that has been accomplished by homœopathic physicians during the last century on simple homœopathic lines. We need only allude to the *kudos* homœopathy gained for itself in this country soon after its introduction here, by its success in the cholera epidemics of 1849 and 1854; and if this is considered too ancient history, we will refer our readers to the report in our last number of the typhoid statistics of the Launceston

Homœopathic Hospital, Tasmania, where they will see that only one death from typhoid fever has occurred out of 70 cases; a mortality of only 1·43 per cent.

Before the days of anti-toxin a homœopath undertook the treatment of a case of diphtheria with far more confidence than an allopath could, and many of us still prefer to rely, in that disease, on the similarly acting drug in preference to resorting to injections of anti-toxins, and believe we obtain quicker results and fewer sequelæ by doing so. We can claim, also, superior results, especially in the way of greater freedom from complications and sequelæ, in such diseases as scarlet fever, measles, small-pox, and lobar pneumonia. This being so, it is a pity that our resources have not hitherto permitted us to establish an infectious diseases hospital where the superiority of homœopathic treatment could be so much more satisfactorily demonstrated to the public than can be done by collections of cases treated in private practice. We hope that some day this defect in our hospital equipment may be made good.

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The New Department of the Massachusetts Homœopathic Hospital.

IN the meantime we rejoice to find that, as usual, our homœopathic friends in the United States are making headway. We learn that the Massachusetts Homœopathic Hospital has recently opened a new department devoted entirely to infectious diseases. It is already in full working order, and by November 18, ninety patients had been admitted. The department takes in both paying and free patients. The paying patients may be sent in and attended by all reputable physicians of both schools, but the free patients are treated by the homœopathic staff of the hospital. So great is the confidence of the public in the hospital that several of the Boards of Health of adjacent suburban towns have engaged the privilege of placing their patients there and paying 10½ dols. a week for them. The City Hospital and Boston Board of Health are also sending some of their cases, which are paid for out of the city treasury, so quickly has the new department gained municipal State recognition. As the free patients and those sent by the City Hospital and Boards of Health will be treated by

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homœopaths, and some, at least, of the paying patients by members of the orthodox school, there will be an opportunity of seeing the two systems at work side by side in the same building, and every facility for comparing results. The outcome should be many converts to our system of therapeutics. Would that we had a similar opportunity in London!

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**Aniline
Poisoning.**

THE various coal tar products have been the source of many cases of poisoning, and notably of affections of the skin from wearing garments which have been dyed with them. An interesting case of general poisoning by aniline is recorded in the *Gazette Hebdomadaire des Sciences Médicales de Bordeaux*. A child, aged 7, put on some brown shoes to go to school which had been painted on the previous evening with aniline black. She returned home at 11 a.m., and her mother noticed a slightly bluish colour of the lips and nails. Lunch was refused, but the child went back to school at 1 p.m. About 2 p.m. she had nausea with bilious vomiting, then came on headache, dyspnoea, tachycardia, and rectal and vesical tenesmus in the order named. The violet colour of the lips and nails increased and drowsiness ensued. The symptoms reached their maximum at 8.30 p.m., when the face was pallid, the eyes sunken, the nostrils pinched with an expression of anguish. The lips and nails were a violet black, and the general surface was cold. Some bilious vomiting, epigastric constriction and tenesmus. Rapid recovery took place during the night under treatment by *caffeine*, coffee, rest, and the application of heat, and by the morning all symptoms had disappeared. The aniline had been applied only to the outside of the shoes and had never come into contact with the skin, so that the poison must have gained an entrance into the system by inhalation. Aniline is very volatile, and its volatility would be increased by the heat of the child's feet. The shoes gave out a strong irritating odour like that of dimethylamine.

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**A Sulphur
Indication.**

WE suppose it is the experience of most physicians practising in this country that they have often been led to the successful prescription of sulphur by the symptom—

hunger and sinking at the pit of the stomach at 11 a.m. Dr. P. Jousset, in a letter to M. Ed. Gailhard (of Marseilles), published in the December number of the *Revue Homœopathique Française*, finds fault with him for mentioning this symptom as an indication for sulphur. He says: "I absolutely dispute its value. Why? Because I have absolutely no detail of the way in which it has been proved, what doses have been employed, and how often? Has it occurred in several people? Were they in health during the proving? There is only the authority of Mr. Nash for these symptoms having been properly observed." This is really carrying incredulity too far. It is true that Hahnemann does not mention this particular symptom in his pathogenesis of sulphur published in the *Materia Medica Pura*. He gives some symptoms, however, which somewhat resemble it, and which a little imagination might translate into a painful hungry feeling, ex. gr.; "264. At noon, before eating, a cramp-like contraction in the scrobiculus cordis, which takes away the breath;" "267. When standing, in the morning, shooting in the scrobiculus cordis;" "268. Intolerable pressure in the scrobiculus cordis and upper part of the abdomen, in fits, chiefly in the morning, somewhat relieved by the pressure of the hand." These are not quite the symptom in dispute but they are near it. The authority for the symptom is the observation of many good clinical observers which has been confirmed by countless cases occurring in daily practice. Surely that is good enough. It does not rest on the authority of Nash alone, as Dr. Jousset seems to think, though if it did we should be disposed to give it the most respectful attention. Farrington recorded the symptom before Nash, possibly someone else (though we do not know) before Farrington. To absolutely deny the value of a symptom of almost universal acceptance only because it has not been satisfactorily elicited in provings, seems to us a great mistake. What after all would be the use of the provings themselves if subsequent clinical experience had not given to them their value?

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"THE Government of India has awarded **Father Muller**, the Kaiser-i-Hind Medal to the Rev. A. Muller, S.J., in recognition of his charitable services. Father Muller's name is widely

known in India as Director of the Homœopathic Poor Dispensary at Kankanady, opened in 1891. To these has been since added, through his untiring zeal and energy, a fine Hospital, a Poor House, and a Leper Asylum, while the Plague Hospital opened in 1902, at the outbreak of the bubonic plague here, rendered very valuable services during the epidemic."

Father Muller's brains, as well as his heart, are evidently in their proper places. We congratulate him upon his well-deserved honour, and wish him all joy and success in his beneficent work.

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**Doulton's
Special Mixing
Valve.**

MESSRS. DOULTON AND CO. have introduced a "special mixing valve" for use in hospitals, public buildings, hydrotherapeutic establishments, public baths, &c. It has been designated the safety anti-scalding valve, and is specially designed to supply water blended to the required temperature by the movement of one handle, so constructed that the cold water must come on first. The fittings are divided into groups, viz.: hospital sinks, and lavatories for surgeons, operating-rooms, *post-mortem* rooms, &c. The valve for operating-rooms is fitted with a thermometer, and is so arranged as to give a perfectly blended flow of water to any required temperature. The lever elbow action valve, non-concussive, is a specially useful form; with the special valve intended for hospitals, asylums, and public baths, it would be impossible to fatally scald patients, which has happened now and again at these various institutions. The various forms of valves may be applied to the hydrotherapeutic treatment, comprising Vichy, Aix Douche, and other forms of this method of treatment.

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"What is the Matter with Homœopathy?" IN a recent number of *The Medical Advance* occurs an article with this rather alarming title. The question, however, is satisfactorily answered at the conclusion in

the words "homœopathy is just as good to-day as ever it was"—so we breathe again. It seems, nevertheless, that there are symptoms, in the States, of decadence in the methods of some American homœopaths not dissimilar to those which we occasionally deplore on this side of the pond; from which we may infer that human nature is the same on both sides. And it is not only to the quality of the men now being turned out by the United States Colleges, but also to their numbers, that exception is being taken. Complaints of having to employ eleven young physicians for some especially well-paid work, not one of whom was a homœopath—apparently neither love nor money could produce one—are recorded by a colleague in Washington. The tendency for men to crowd into great cities and leave the country districts unsupplied is becoming marked there as here, more especially in the Southern States. Examples of the impossibility of obtaining young homœopathic graduates as assistants are common, whilst ordinary assistants are plentiful. We are sorry this should be so with our colleagues, but see no reasons for discouragement. Homœopathy is strong enough and important enough in America to adjust these matters satisfactorily if the men are all right. In any case it is always a good sign if the demand is greater than the supply. Let the big colleges "buck up" and attract more students by making known the splendid openings there are everywhere waiting for the right men. The over-crowding of the profession ought to make for the advancement of our cause.

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**Dearth of
Students in
the U.S.A.**

THE present dearth of medical students is also complained of in the *Hering Quarterly* for November. All the colleges are said to have fewer freshman students than for many years past. This is attributed in part to the great financial panic of last year in America, and also to the fact, so broadly stated in allopathic journals, that the medical profession is so overcrowded that young practitioners must, for several years, experience great difficulty in making a living. It is a fact, we are told, that in Chicago the average income of allopaths is less than 100 dols. a month. This is equivalent, in spending power,

to an income of about £150 a year in England, and seems astonishingly small. It is also said that few, if any, homœopaths have so small an income after the first year ; and here we wish to say that these facts ought to be bruited broadcast by the Homœopathic Colleges. Let it be clearly known that the difficulties in obtaining a fair living experienced by the overcrowded allopathic section of the profession, do not apply to homœopathy, which can offer its young adherents "countless places, both city and country, calling for good homœopaths." We note with pleasure that the Council of Medical Education of the American Institute of Homœopathy are issuing a series of pamphlets on "Why students of medicine should select the Homœopathic School." We should be glad to see samples of these pamphlets, and commend the step to the authorities of the British Homœopathic Association.

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**Scopolamin-
Morphin
Anæsthesia.**

SCOPOLAMIN is an alkaloid considered to be therapeutically identical with *hyoscine*, and has been used largely in combination with *morphia* as a substitute for the usual anæsthetics, as have the H.M.C. tablets.¹ Dr. Edgar R. Bryant gives a final report on his experiments with this drug in the *Pacific Coast Journal of Homœopathy*. He finds that contrary to general opinion both *scopolamin* and *hyoscine*—which, he says, in physiological doses produce symptoms apparently identical (he does not recognize their actual identity)—are not poisonous, and cause no alarming symptoms even in doses of $\frac{1}{10}$ grain or more, and he maintains that none of the supposed dangerous symptoms produced in *scopolamin-morphin* anæsthesia are due to the former alkaloid. *Scopolamin* he has given in doses of $\frac{1}{4}$, $\frac{1}{2}$, and 2 grains to three patients respectively with no apparent ill-effects. The usual dose for anæsthetic purpose is $\frac{1}{100}$ grain of *scopolamin*, and of *morphin* $\frac{1}{8}$ grain. This is given hypodermically, two and a half, one and a half, and one half hour before the operation. A very few drops of *ether* or *chloroform* are then sufficient to produce complete anæsthesia. Dr. Bryant has ceased to use anæsthetics in the usual way, except when time

¹ *Vide* pp. 15 and 164, vol. ii., and pp. 517 and 723, vol. i.

or special circumstances render this needful. He enumerates fifteen important points in which he considers the new method of anæsthesia superior to the usual procedures. These confirm the views expressed in our notes in vol. I, p. 723. The author also uses *scopolamin-morphin* in combination with spinal anæsthesia with marked success.

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Scopolamin in Sarcoma. ONE of the isolated cases of apparent cancer cure, which, though so rare and disappointing, are always worthy of record, occurred in the course of experiments conducted by Dr. Bryant to prove the safety of *scopolamin* (or

hyoscine) in large doses. He speaks of a tall, powerful, athletic Chinese, aged 30, who had a small round-celled sarcoma of the lower jaw, neck, and shoulders. The case being inoperable and hopeless, and the patient consenting, occasional doses of *scopolamin*, varying from $\frac{1}{800}$ to $\frac{1}{2}$ grain, were administered and the effects observed. These effects are not detailed, it being only noted that the pulse and respiration were unaffected. The same occurred after $\frac{1}{4}$ grain of *hyoscine hydrobromate*. In all, eight experiments, several injections being given during each, in a period of eight months were made, all suspicion of toleration to the drug being thus eliminated. Dr. Bryant thus narrates the effects on the sarcoma: "Whether it be from the action of the *scopolamin*, or the uncertain power of suggestive therapeutics, his swellings are all disappearing, and indications point to a great modification of the sarcomatous masses. If the pathological department of the Hahnemann Medical College were not using portions of almost all the tissues of his neck to demonstrate round-celled sarcoma to the classes, I should be inclined to consider an error in the diagnosis."

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Dr. Burnett's Predictions fulfilled.

IN the second edition of his book, "The Cure of Consumption by its own Virus," the late Dr. Compton Burnett wrote in 1891, "Koch and his world-famed remedy have come and gone. But they will return again anon and . . . remain, only the dose will get smaller and smaller until the long-condemned homœopathic dilutions will acquire the rights

of citizenship in the Universities of the world." Dr. Lathom, writing in the *Lancet*, recently stated that in some patients as little as $\frac{1}{1000000}$ gramme of tuberculin will cause a rise of temperature, and that the proper dose should in some cases be less; this is equivalent to our seventh decimal dilution. Commenting on this in an editorial, the *Hahnemann Monthly* points out how completely Dr. Burnett's prophecies have been fulfilled. But by what a disastrous and circuitous route has the allopathic investigator arrived at the proper dose for this remedy, whilst "a single individual, guided by the principles of homœopathy, was able to state conclusions that the old school were only able to reach after seventeen years of experiments and failures, involving the sacrifice of hundreds of human lives. . . . And what, let us ask, must be the feelings of some of our old school friends, who have so long made merry over the idea of a homœopath placing one drop of *aconite* in a glass of water and expecting therapeutic results therefrom, and who now see one of their own authorities, after careful scientific investigation, recommending that tuberculous patients be treated by dissolving one drop of *tuberculin* in a bucketful of water (a gallon and a half, approximately), and a few drops administered at a dose every two or three days?" Lastly, the efficiency of administration by the mouth is established and proved by Dr. Latham, so that we have (a) the therapeutic value of *tuberculin* in infinitesimal doses, and (b) its efficacy when given by the mouth, accepted by the modern scientist, as Dr. Burnett predicted would be the case eighteen years ago.

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It is with the greatest regret that we record the untimely death of Mrs. Evelyn Greenleaf Sutherland. Greenleaf Sutherland, the gifted wife of our distinguished colleague, Dr. John Preston Sutherland, Dean of the Boston University School of Medicine. Mrs. Sutherland died suddenly of heart failure, ensuing on accidental burns due to the ignition of her dress. The burns themselves not being severe, it was hoped she would recover, but within twenty-four hours collapse brought about a fatal termination. Mrs. Sutherland was a literary genius, and is described as the foremost American woman dramatist. Her

pen was prolific, and the record of her dramatic work, alone or in collaboration, is a solid and substantial one. It includes "Monsieur Beaucaire," produced in England by Mr. Lewis Waller, "The Road to Yesterday," written in collaboration with "Beulah Marie Dix," as was also "The Breed of the Treshams." Mrs. Sutherland's last work was "The Substitute," produced, we understand, in America. The personality of the deceased lady was charming and attractive, and she had unmistakably the "grand air." In private life the tastes of this eminent lady were cultured and simple, and in company with her distinguished husband she dispensed hospitality in a delightful way which few who enjoyed it will forget. Our sincere sympathy goes out to Dr. Sutherland in his sudden and overwhelming bereavement.

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CHRISTMAS is, as much as circumstances will permit, a time of rejoicing with hospital patients, as with those more fortunately situated, and in common with all the hospitals in London every effort was made at the London Homœopathic Hospital to make the inmates forget their illnesses for a time, and to afford them an opportunity to share in the festivities of the season. The most interesting event was the Christmas tree in the children's ward on December 30. Old Father Christmas had, by the agency of numerous friends of the hospital's little patients, loaded the tree with presents and made it bright with decorations, which shone gloriously when the time came to light it up. Notwithstanding the bad weather, which was, however, of the appropriate wintry character, a number of the patrons of the hospital, lay and medical, assembled in the ward to show their sympathy, and to help to amuse the small inmates.

At the Phillips Memorial Hospital, Bromley, there was on January 8 quite an elaborate entertainment, besides the Christmas tree, given for the benefit of the patients by friends of the hospital. We notice that Mrs. Wynne Thomas contributed to the enjoyment, rendering two songs in excellent voice. Amongst those present was Dr. W. P. Purdom, late House Surgeon to the London Homœopathic Hospital, who, we understand, has lately taken up his residence in Bromley,

in order to work as a coadjutor with Dr. Wynne Thomas.
We wish him every success.

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**The Emmanuel
Church
Movement.**

OUR Homœopathic *confrères* in the United States, as well as their Allopathic brethren, have for some time past had to contend with the vagaries of Christian Scientists, as, indeed, we also in this country have had to do, though to a less extent. America is pre-eminently the land of new movements, and the freedom from prejudice and readiness to entertain new ideas which have been so favourable to the spread of homœopathy in the United States are of help also in the promulgation of less desirable doctrines. The latest system of therapeutics, if one may so call it, is the Emmanuel Church movement initiated in Boston. It has already made considerable headway. Its methods of cure are a combination of religion and suggestion, very much as those of Christian science are, but the religion is more orthodox and the treatment is professedly carried on under medical supervision. Dr. Worcester, of Emmanuel Church, Boston, Massachusetts, originated the new treatment. He was influenced largely by the success of the Christian Scientists, whose religious teaching he considered to be most detrimental, but to have a factitious importance imparted to it by the undoubted cures of physical ailments which accompanied it. He states, in an interview reported in the Boston *Sunday Globe* of December 27, 1908, that "the fundamental idea of the Emmanuel movement is that of the co-operation of physician, clergyman, psychologist, and expert social worker in the alleviation and cure of certain types of disorders that are semi-moral and semi-nervous in character." He does not claim that ministers of religion are competent to practise medicine, and acknowledges the value of the medicinal means ordinarily used by physicians, but considers that there is a class of cases in which the efforts of the medical man can be usefully supplemented by the employment of less material means. He says: "The kinds of nervous disorders to which we confine our attention are those which go by the name of functional disorders of the nervous system, such as neurasthenia, nervous prostration, psychasthenia, hypochondria,

functional insomnia, and, above all, moral slaveries which ruin character and create untold unhappiness. In all these character is more or less implicated, and the forces that are capable of reconstructing or re-creating character must be ethical and spiritual; hence the methods that we as clergymen employ are psychological and religious in character. They are, however, as has been indicated, not substitutes for, but coacting agencies with, medical and social care." He further explains that the psychological agencies used are explanation, encouragement, persuasion, suggestion, re-education and work, and that the principal religious agency is prayer.

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THE above extracts give a fair view of
How will it the purpose actuating the originators of
Work? the movement, and, as thus stated, do not
 offer much to object to. But it is one thing

to start a movement on sound and rational lines, and another to retain sufficient control to keep it there, and it is evident that things are getting a little out of hand. To begin with, the class of case suitable for this kind of treatment requires very careful selection, which only a physician of experience in nervous diseases can exercise, and even the most expert need to spend a considerable amount of time and trouble over each patient before coming to a decision, if grave mistakes are to be avoided. It is obvious that this care and attention cannot have been given to the 800 or 900 people whom we hear of as gathered together in a suggestion class. That they should be collected in this wholesale way is in itself an evil. Anyone who has studied the psychology of crowds knows how easily they are swayed by emotional excitement, and to what a pitch of hysteria and semi-insanity they can be worked up. People of unbalanced nervous systems are not likely to be permanently benefited by such means, but rather to be made worse. Then, again, 'a movement which has rapidly gained so widespread a notoriety as the Emmanuel Church movement sweeps into its net numbers for whom its originators did not intend it, and a large contingent of patients with definite organic disease which should be treated by ordinary medicinal methods are, to their great injury, induced to neglect

these, and to trust blindly to the treatment intended only for purely functional disorders. And who is competent to draw the line between organic and functional in disease? Certainly not the minister of religion or even the average practitioner of medicine, possibly not even the trained specialist; for, as knowledge advances, diseases which were at one time thought to be purely functional are found to have a definite structural basis.

It behoves us to clarify our opinions on this subject, as the movement is not likely to stop short at the other side of the Atlantic. During the Pan-Anglican Congress last summer, papers were read and favourably received on the advisability of reviving religious services in the treatment of the sick, and we understand that a committee of clerics and laymen, including some doctors, has since been formed to consider what steps can be taken for that purpose. What attitude should we adopt? One thing seems clear, viz., that we should strenuously oppose the idea that any patient should be treated in this way unless the best medical opinion obtainable has declared him or her to be a suitable case.

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**Southport
Branch of the
B.H.A.**

OUR friends at Southport evidently mean business. They have now started a "book club," with an annual subscription of 5s.

The scheme is introduced in the following

words, which are well worth reproduction here:—

"An all-important year has dawned for homœopathy, not only for us locally, with the coming Cottage Hospital, but also for its general advancement. Its virtues and its claims to State recognition, and the right of humanity to enjoy its benefits, are engaging the attention of individual members of the highest legislative and civic bodies in the country, as well as that of the professional and lay public.

"Now, therefore, when homœopathic literature is teeming with interest, it has been decided to inaugurate a circulating 'Book Club,' so that '*those who run may read.*' Others there are, not yet able to *run*, for whom different literature may make the first steps easy, and direct them straight.

"Homœopaths are not asked to *have faith*, but to *learn facts* and to *seek truth*, which shall make *unbelief impossible.*"

WE wish to draw special attention to **A New Supply of Lachesis.** the notices sent us by the enterprising and up-to-date homœopathic chemists, Messrs. Boericke and Runyon, New York. They have taken a great deal of trouble, and been at much expense, in order to procure a fresh supply of *lachesis* for homœopathic practitioners. Hitherto there has been some little doubt as to the exact snake used by Hering; most of us have believed it was the *lance-headed viper*, but some think it was the *bush-master*. In any case, now that a supply of the virus of both snakes is in the hands of Messrs. Boericke and Runyon, each may be tried in turn. *Lachesis* is a remedy of inestimable value, and one that cannot be replaced by any other; and we hope that this fresh supply will lead to a deeper study of its uses. The sincere thanks of the whole homœopathic profession are due to Messrs. Boericke and Runyon for their action in this matter.

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It gives us great pleasure to announce that we have secured another live snake, a **An Open Letter.** *Lachesis mutus*, in fine condition, from which a quantity of venom has been extracted. This fact is attested by Professor Raymond L. Ditmars, curator of the reptile house, Zoological Gardens, in this city. We are, therefore, prepared to furnish the profession with fresh triturations and dilutions of the various potencies of the *L. mutus* (bush-master), and *L. trigonocephalus* (lance-headed viper), under seal, whichever the physician may desire. We have no inclination to enter into a discussion in regard to the statements which have been made in certain trade journals controlled by a competing house, as to the correctness of the facts given in their own publication, the "American Homœopathic Pharmacopœia," and other works published by them, our one aim being to furnish the profession with fresh preparations of exactly the remedies called for.

Respectfully,

Homœopathic Chemists,
11, West 42nd Street, N.Y.

BOERICKE AND RUNYON.

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About Snakes. You are, no doubt, familiar with our efforts to secure a true *L. trigonocephalus*, and having done so, the question arose as to whether it was the *L. trigonocephalus* or *L. mutus* which Dr. Hering employed, so we set to work to secure the latter. After considerable trouble and great expense, we finally secured a fine living specimen of *L. mutus* (see our open letter enclosed, also letter of witnesses attesting to the operation). We hope you will think our determined efforts in this matter will be of sufficient interest to all homœopathic physicians to justify you in printing our open letter in the reading columns of your January issue. We are not requesting the printing of this article to advertise ourselves to the profession for the purpose of financial gain. The entire amount of *lachesis* sold by all the pharmacies in the course of a year amounts to very little. We know very well there had been a feeling in the homœopathic profession that the original supply of *lachesis* was small, and many years elapsed since it was obtained, and that the preparation now sold and labelled *lachesis* might after all be something else or at least of doubtful therapeutic value. For these reasons, a remedy of inestimable merit has fallen into disrepute. So many times, close prescribers have said "*lachesis* is the remedy, but I am afraid to trust it; would that somebody might give us a fresh supply"; and now that we have done this, we thought you would like to make it known to your readers. We would be very glad to have you make any comments editorially that, in your good judgment, you see fit.

Yours very truly,

BOERICKE AND RUNYON.

* * * *

Certificate Appended. THIS is to certify that we witnessed the operation of extracting the venom from the fangs of the live *L. mutus* (bush-master), by Professor Raymond L. Ditmars and his assistant, Mr. Charles E. Snyder, at the reptile house, Zoological Gardens, on November 8, 1908, and the same was

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delivered to the owners of the serpent, Messrs. Boericke and Runyon, Homœopathic Chemists.

Signed :

ROYAL S. COPELAND, A.M., M.D.,
Dean N.Y. Homœopathic Medical
College and Flower Hospital.

WILLIAM TOD HELMUTH, M.D.,
Prof. Surgery, N.Y. Homœopathic
Medical College and Flower Hospital.

JOHN B. GARRISON, M.D.,
Director of Drug Proving, N.Y. Homœopathic
Medical College and Flower Hospital.

O. R. LONG, M.D.,
Medical Superintendent, State Asylum,
Ionia, Michigan.

Original Articles.

THE DIET FACTOR IN DISEASE.

BY GEORGE BLACK, M.B.EDIN.

(Continued from p. 33.)

I WOULD commend to those who are so strongly imbued with the necessity for surgical interference in connection with this disease a remarkably able lecture on appendicitis, by E. Stanmore Bishop, F.R.C.S.Eng., delivered in the Post-graduate Course at Ancoats Hospital. Mr. Bishop says :—

“During the last few months I have questioned all the medical men to whom I have had access as to their experience and opinions with reference to this complaint, and these include most of the best known operators and every general practitioner whom I have met, whose testimony, as being that of the men who first see these cases and have the charge of them in after years, is frequently as valuable as that of the surgeons who operate.

“And the combined result appears to be this : There exists at present a widespread belief that in appendicitis we have an extremely dangerous and treacherous complaint, the course of which cannot be predicted in any given instance ; that the

most simple case may have, without warning of any kind, a fatal ending; that medicine and nursing are alike powerless against it; that when once abdominal pain, becoming localized in the right lower quadrant, vomiting and rise of temperature occur, there is no safety for the patient, or equanimity of mind for the surgeon, until that abdomen has been opened and the appendix removed; that at any moment and in every case gangrene or perforation may occur, and the whole abdominal cavity be flooded with pus or other intensely poisonous material. Every case should, therefore, be operated upon as soon as seen—should, as it were, be shot on sight.

"I venture to enter a modest, but not the less firm, protest against this view. I should have done so with more trepidation, I confess, had not Mr. Paul, in his address to the Liverpool Medical Institute, already sounded the same note with more force than I can hope to use, and had not Mr. James Berry, in the *Lancet* of September 7, expressed a similar opinion. But the number of those bold enough to contest the prevailing idea is but small, and I may at least hope to strengthen it."

These are timely and wise words, but when a man like this tells you of the trepidation he experienced in declaring what had become self-evident to him, and might not even then have made his views known had not other and bolder spirits taken the lead, we can well understand how difficult it must be for the ordinary practitioner to stand up and say what his experience and study of the disease have taught him.

In our profession, as in at least one other, what advances in truth would be made did each feel free to say what he really believed, were we all courageous enough to look at things with our own eyes and state what we had actually seen! It is a sorry pass a man comes to when he is afraid to call his soul his own; when he dare not give a reason for the hope that is in him for fear of the powers that be; when, before he tells us what he thinks, he must ascertain whether it coincide with somebody else's opinion or not. The dignity of our common humanity is lowered by such conduct, the nobility of reason is traduced.

While availing ourselves of all the light we can get on the path along which we are called upon to tread, we are no

longer to treat ourselves, or to allow ourselves to be treated, as children in leading-strings. We have arrived at man's estate. We have been given faculties differing one from another, in the exercise of which much diversity will necessarily appear, but where truth is the object of our search and sincerity guides our investigations, we can surely declare before all men that which our eyes have seen, our ears have heard, and our hands have handled in our dealings with disease.

Continuing, our author says : " Those who hold the view which I have enunciated in its entirety are, I submit, too ready to generalize. To them the word 'appendicitis' conveys, or appears to convey, but one idea. Every case is, when once labelled, equal to every other in anatomy, pathology, and potentialities of evil result ; they should therefore be treated in precisely the same way, and, as a natural corollary, every surgeon or practitioner who does not immediately attack it surgically is guilty of criminal negligence. That is the view one hears most often expressed, and, as is but the natural result, that is the view which the general unscientific public are rapidly adopting.

" But surely a little consideration will convince every thinking man, who has had any experience of this work, that all this is not a complete statement of the facts, and that there is room, and indeed pressing need, for some discrimination.

" One of the most, perhaps the most, important of all the lines of differentiation is that of previous history ; there exists one large class in which a clear account of one or more previous attacks is available, and another in which no such history can be obtained. Now gangrene and acute perforation, those two bugbears of the whole subject, are not processes which die down when once they are started. A man who has an appendix threatened with gangrene does not have a quiescent period of months or years before it becomes dangerous. The thing once begun goes on to a finish. So that, if there is a history of two or three previous slight attacks, gangrene of the appendix may be ruled out. Acute perforation, to be immediately dangerous, must open directly into the peritoneum ; if, during several previous attacks, protective adhesions have been formed over and

around the weak spot, the bowel may perforate, but it will be into a cavity, already walled off in a way far more secure than can be imitated by gauze packing, however scientifically placed; and, conversely, those cases which entail a tedious and difficult dissection, in consequence of firm adhesions around, do not acquire those adhesions in three or four days, so that we are not likely to be obliged to expose patients who have had no previous attacks to a prolonged and difficult operation at a time when speed is above everything else important. Epigrammatic utterances in surgery are always to be regarded with suspicion, and the man who laid down as the primary rule in operations for appendicitis the oft-quoted phrase, 'Quick in and quicker out,' could only be thinking of operations in acute or fulminating appendicitis; he could have had but little or no experience of cases in which 'Quick in' would mean almost certain injury to the adherent bowel below the abdominal wall, and 'Quicker out' would necessitate the leaving of some part of the inflamed, adherent, and abnormally placed appendix behind. In either case, I think it would be safe to say that the patient would have fared better if he had never seen that particular surgeon.

"For the difficulties encountered in some operations are very great; never insurmountable, if the surgeon is not driven by an excessive rage for speed, or by the urgent necessity for rapidity which always exists when interference is attempted at the height of an attack, but entirely impossible to be effectively dealt with when each moment means increased strain upon the greatly weakened resistive powers of the patient. Each additional disturbance of the parts means increased danger of infection by fresh and unprotected layers of absorptive tissues. The appendix is not always found 'floating loose in a pool of pus.' It is not always easily found at all. The first incision does not by any means always discover the—sometimes—multiple abscess cavities. When those cavities have been reached, the inner boundary, which shuts them off from the previously uninfected peritoneal cavity, may be extremely thin, and only too easily damaged by the exploring finger or instrument. Should such damage be done during an acute attack, germs which possess at such a time their greatest virulence will be set free to infect the general peri-

toneum, at a time when the opsonic index of the patient's resistance is at its lowest, and the damage may be so situated as to be unnoted or even undiscoverable by the surgeon. It must be remembered that it does not need a breach of any size to permit the passage of micro-organisms or the toxins they produce. If the appendix is buried in the ileo-cæcal pouch, for instance, its tip may lie immediately below the peritoneum, inside the ileo-cæcal valve. Entrance to the pouch may be easy or difficult, but when the surgeon begins to withdraw the diseased structure the adherent tip will drag downwards with it a funnel-shaped prolongation of the peritoneum. At the height of the inflammatory attack, the tissues are soft and easily torn. When the appendix is nearly withdrawn, just as the tip makes its appearance, the strain upon the tissues becomes too great. Either the peritoneum gives way around the adherent tip, or that structure itself tears through. The bulk or the whole of the appendix comes away, but the tissue, which has been loosened from it, by which access has been obtained to the general peritoneal cavity remains, and this opening cannot be seen, covered as it is by the ileo-cæcal junction. Even if it could be seen and could be sutured, what are the suture openings but additional paths for infection? It must always be remembered that the peritoneum itself, however thin, is, if uninjured, the best possible barrier to infection from without.

"Cases in which there has been failure in removing all the diseased tissue do not, as a rule, find their way into the literature, and I have searched in vain for an example of what all operators know does occur from time to time. I am compelled, therefore, to use a hypothetical case, although it may not carry so much conviction to the minds of my hearers.

"A woman, aged about 30, had had repeated attacks of appendicitis for five years; the first attack was evidently catarrhal, and, as it occurred five years ago, was treated by her medical attendant in accordance with the doctrines which obtained at that time, when surgical interference was looked upon as only very exceptionally required. She was kept in bed, hot fomentations applied, very little food given, a little morphia used when the pain was severe, and in due time she recovered.

"For over a year there was perfect health, then she had another attack. Encouraged by the success of the previous treatment, it was repeated, and once more the pain passed off, the vomiting ceased, the temperature returned to normal, and she resumed her household duties, apparently quite well. This state of things lasted for nine months, when she again suffered in the same way, and was treated as before. This time she had eighteen months freedom, and congratulated herself and her medical attendant upon an apparent cure. Her doctor was a man aged 50, and wishful to retire from practice. He took as partner a younger man, who had been trained in the later ideas, and was very up-to-date in all ways. When this patient again developed symptoms of appendicitis, as she did, the junior partner saw her, and immediately suggested operation, but was overruled by his senior, and with the concurrence of the patient, who dreaded the idea, and besides had the knowledge that she had already passed successfully through three similar attacks. She was treated as before, and again returned to her normal state of health. During the interval that followed the senior partner died, and his junior took up the practice entirely. Being an energetic and enthusiastic man, he had attended, while his partner was alive, certain post-graduate lectures, in which the question of appendicitis had been discussed by one of the staff of the hospital in that city, who was strongly in favour of immediate operation in all cases. This surgeon, one of the smartest of the day, had brought forward case after case of general suppurative peritonitis following delay, and had succeeded in impressing his class with the awful possibilities which surrounded any treatment but that of surgical interference. He had done this in all good faith, but his experience being almost entirely gained in hospital and in consultation, he had only come into contact with the worst cases, and if the differentiation which I have suggested had occurred to him at all, he had dismissed it without much consideration, believing that the dangers of delay quite overshadowed anything else. The effect upon the junior partner had been great. Previously inclined in that direction, he was now fully convinced, and determined that no case of his should run such risks. Fortified by the opinion of a man for whose reputation he had a great

respect, he looked out eagerly for an instance in which he could carry out this advice. Whilst in this mental condition he was summoned by his old patient, in whom another attack, and perhaps a slightly more severe one, had commenced the night before. Here was the opportunity he had been seeking. He had proposed an operation before, but had been overruled. This time no such mistake should be made. Fresh from the dreadful experiences which he had heard recounted, he described the dangers of delay and the triumphs of present-day surgery to his patient and her friends in such a way that they became almost as eager as he to adopt this certain method of saving her at once from a dreadful death and of putting an end to those recurrent illnesses. The surgeon was sent for and agreed to operate. Hurried preparations were made and the operation commenced. The patient's temperature at the time was 103° F., and her pulse 120. The junior partner's mind was filled with visions of a large abscess on the point of bursting into the peritoneal cavity, and possibly of a gangrenous appendix, and watched eagerly for the escape of the pent-up fluid. When, however, the peritoneum was opened, no such flow appeared; instead, the reddened and vascularized cæcum was seen; curiously enough, too, at first sight there seemed to be no appendix, the cæcum appearing to end blindly. By following the longitudinal bend downwards, in a few moments the commencement of the appendix was found, but the rest of it evidently lay behind the colon, which was itself bound down to the iliac fossa by dense adhesions. These were divided and the colon bit by bit turned inwards. In doing this the operator came upon a small collection of pus, which was intensely offensive. On clearing this away, fæces appeared coming from an opening in the posterior wall of the gut. Just at this moment the chloroformist hinted strongly that the patient's condition was becoming very bad, and that it would be well to cut the operation as short as possible. The surgeon made a further attempt to free the remainder of the rotten appendix, but it tore through a little further on, leaving a portion of its extremity behind. The appendix had still to be separated from the cæcum, and the opening in that viscus to be closed. There was evidently but little time for anything else. This,

then, was done as quickly as possible, and a suture was placed around the tear in the colon. During this last manœuvre the chloroformist became very insistent, and this was therefore done hurriedly. The operator could not feel secure that this opening was safely obtunded. A drainage tube was therefore passed down to this point, and the abdominal wall closed by the most ready method, through-and-through suturing. When the patient was returned to bed she was greatly collapsed, and the pulse almost imperceptible, but, by the use of stimulants, hypodermic injections of *strychnine* and *transfusion*, the collapse passed off and she slowly recovered, having, however, a fæcal fistula at the point where the tube had been placed, from which fæces flowed pretty freely. A long convalescence followed. When once more fit for surgical interference an attempt was made to close the fistula, but fistulæ of this kind are not so easily closed as they are made; the parts were much matted together, and the opening in the bowel being behind, was not easily reached; the appendix tip could not be found amongst the dense scar tissue, and when the wound was once more closed the operator had the feeling that, although he had managed to pretty thoroughly close the opening in the bowel, the pus from the appendix would, in all probability, convert his sutures into setons, and so bring about fresh escape of fæcal material; and so it proved. At first the operation appeared to be successful, but later the wound broke down and the previous fæcal fistula was re-established. The friends of the patient lost confidence and removed her to London, where two more operations were performed for this purpose by a surgeon in that city. After the second the patient died.

"Now this case, although hypothetical, is based upon actual facts within my knowledge, and might, indeed, happen to any operator who allowed himself to be biased by the prevailing opinion that in all cases operation should immediately follow diagnosis, and its lesson is no less plain. In cases in which the previous attacks render it probable that many adhesions will be found, or that tedious and careful dissection will be required, it is wisest to choose a time for operation when the patient's condition will permit of the careful and thorough performance of the necessary work, and

such a time is not during the height of an acute attack, when the surgeon will be driven by the conditions present to shorten the duration of his interference to the smallest possible; for at no future time will he find the parts so easy to dissect, so capable of recognition, as at the first attempt.

"But all the conditions are altered when once the attack is over and a quiescent period reached; the germs have lost their intense virulence; many, if not most of them, are dead. If a few gain admission to the peritoneum, that membrane can now deal easily with their attenuated force. Wright has shown that after an attack of this kind the opsonic index rises; the patient's resistive powers are at their highest, or are steadily increasing; the patient is, in fact, inoculated against it, and the effect of such inoculation lasts for a certain period, during which he or she is more immune against that particular infection than before. Such an operation may now be done safely and methodically, the entire structure safely and certainly removed, and all needful work once and for all finished.

"This is the position with reference to cases which possess a history. In them we are not likely to encounter gangrene or acute perforation. If perforation of the appendix takes place, it will be into a cavity already well shut off by adhesions. During the acute stage, the virulence of the micro-organisms is at its highest, the development of anti-toxins and opsonins at their lowest. The system of the patient, as a whole, is at its worst for operative purposes, and the surgeon who interferes at this time may very easily do far more harm than good by destroying some effective though delicate adhesion, or by opening a way into the peritoneum which had up till then confined the struggle between the two combatants—the microbes and phagocytes—to safe limits. The prospects of the fight were good before for the patient; the powers, both of the invading and the defending army, had been tried before, and the latter had been proved to be the stronger; the relative value of the factors was not unknown as in the other class of cases. If disaster should follow the hasty action of the surgeon, as it frequently has, he will be in the position of Romeo after the fight between Mercutio and Tybalt; as Mercutio is

assisted home, he turns on Romeo with a disgusted exclamation, 'Why the devil did you come between us? I was hurt under *your* arm,' and Romeo can only make the weak reply, 'I thought all for the best.' If Romeo had had previous experience of the respective fighting powers of Mercutio and Tybalt, and had seen Mercutio easily and repeatedly the victor, I do not believe that even that impulsive young man would have meddled.

"Just so I hold that it is wisest in such cases not to meddle if it can be avoided, but to wait for a quiescent period; and that the question as to whether it is wise to wait in any individual case can only be settled by a surgeon of experience in such work, and not by any hard-and-fast rule.

"But matters are entirely different in cases with no history. In these we have no previous knowledge as to the relative value of the forces engaged. We cannot gauge the virulence of the micro-organisms or the power of the resistive forces. In such cases there can, I think, be little doubt that operation, if only to ensure thorough drainage at the earliest possible moment, is the only wise course. We are not likely to meet with dense adhesions, there has not been time for their formation; but at the same time too great care cannot be taken not to attempt too much at this time; if the appendix is easily and quickly accessible, it may be taken away, but even this is risky; the tissues of the cæcum are softened by inflammation, and the sutures, introduced with a view to close the opening in it after the appendix is gone, may tear out, in which case the opening is made larger, and the risk increased. Any radical procedure had better be left until the force of the attack is spent and the patient convalescent; it may then be done with safety. The mortality of an appendicectomy during a quiescent period, in expert hands, is *nil*; that of operations during an acute period is anything from 25 to 75 per cent. That is a fact never to be forgotten.

"There is no doubt that in earlier days we erred from the same cause, want of discrimination. We erred then in leaving all cases in the hope that a quiescent period might arrive. Grave disaster followed this policy. Many lives were lost in primary cases, which are now saved by earlier drainage; but the pendulum is in danger of swinging too far in the opposite

direction, and especially amongst young and enthusiastic surgeons the tendency is now to subject all cases to operation as soon as diagnosed. The result is to expose patients, in the worst possible condition for operative work, to extremely difficult and dangerous operations which are not necessary at that time, whatever they may be later ; and we stand to lose as many patients by such ill-considered action as we did when operation was always postponed. A calm, judicial frame of mind, capable of discriminating between cases which can and those which cannot be allowed to wait with safety, is much to be desired.

“Even in those cases with a history, constant and careful watch is necessary, until the quiescent stage is reached. The relation between the rate of pulse, respiration, and temperature must be a matter of close attention, but the advantages so gained are so great that all the trouble is amply repaid by the result if success is obtained.

“In this relation, the question of geography, as Mr. Moynihan points out, may be a determining factor. If the patient can remain under the eye of a competent observer, delay is to be advised, all other things being equal ; if he cannot, that fact alone may justify the surgeon in making an opening for drainage at once, although at that time it might not be wise to go further.

“I will, in conclusion, mention two cases which illustrate the points raised. The first is a primary case, or one without a history of previous attacks, which was left too long, and which ended in general peritonitis and death. This is one of the type which has provoked, and very properly provoked, men to promulgate this doctrine of immediate action, but which yet does not, I submit, justify its extension to all cases.

(To be continued.)

A CASE IN WHICH *ORNITHOGALUM UMBELLATUM*
PROVED USEFUL.

By E. CRONIN LOWE, M.B., B.S.(LOND.).

DR. JOHN H. CLARKE's interesting paper on *Ornithogalum umbellatum*, which appeared in the HOMŒOPATHIC REVIEW of November last, has been my reason for presenting the following remarks about the progress of a case of "supposed" carcinoma of the stomach, recently under my care. I say "supposed" intentionally, for in spite of being diagnosed as "cancer" by two notable local allopaths, and presenting such symptoms that I felt led to make the provisional diagnosis of carcinoma ventriculi, yet after five months treatment she is alive and well, and very joyful in the disappearance of all her previous distressing symptoms, and therefore the correctness of this provisional diagnosis is rendered doubtful.

However, it must be remembered that at the time when this diagnosis was made the patient was in a pitiable condition, dreadfully emaciated, weakened, sallow and cachectic in appearance, suffering considerable abdominal pain, and presenting the remarkable physical signs to be related later, and I feel had she shortly died, as it appeared quite probable she might, and in fact nearly did, a certificate of death due to cancer might quite justifiably have been signed.

But now what shall we say? Either her case was not one of cancer, or the treatment adopted cured cancer. Since she is well again and there appears little chance of any microscopical sections, and therefore any absolutely indisputable evidence being obtainable, I describe this as a case of supposed cancer of the stomach, in whose cure *ornithogalum umbellatum* played a notably prominent part.

Mrs. S., aged 70, I first saw in June, 1908, when she stated that her case had been diagnosed as cancer by two doctors, who, on account of her age, did not propose to operate. For years past she had suffered from indigestion; the severe pain had occasionally been present during the last three years; and during the months since the new year—that is, the last six months—had been progressively worse and more constant.

She is a tall, spare woman, married, with a large grown-up

family. Recently she had lost much weight and become greatly wasted, her chief complaint being the intense and almost constant pain located over her epigastrium, mostly in the right side and running through to the back and right lumbar origin. This pain, which was generally of a dull, heavy, gnawing character, became excruciating and stabbing about two to three hours after a meal, when relief was temporarily gained by vomiting the then offensive stomach contents. Once or twice a few streaks of blood had been seen, and also what was thought to be "coffee grounds." Sips of warm water > pain, and meat foods having apparently disagreed, her farinaceous diet now produced great flatulency. Great mental depression was felt. Her tongue was coated and flabby. Breath very foul. Teeth artificial. No headaches or head symptoms. Sleep very poor, her nights being constant torture on account of the pain excited by her meagre evening meal. There had been constant constipation for some years; no melæna seen. Urine normal, but she was often bothered by nocturnal frequency of micturition.

On examination she was obviously greatly emaciated. *Head, chest, heart, limbs* were otherwise normal. No signs of œdema or metastatic deposits were found. *Nervous reactions* normal. *Abdomen* easily palpable, the hand at once detecting a large, somewhat diffuse, irregular and tender mass, firmly fixed in the right epigastrium; above it merged into the liver dulness, below it reached to within 1 in. of the umbilicus. *Stomach*, when mapped out, was considerably dilated.

The three diagnoses which came uppermost in mind were : (1) Chronic ulcer of stomach, with large mass of surrounding peritoneal and omental adhesions ; (2) carcinoma of pylorus, with local extension and inflammatory reaction around ; (3) chronic gastric ulceration, becoming malignant.

Obviously the pyloric opening was narrowed, and the stomach intensely dilated, and its contents, being prevented from passage onwards, were regularly vomited after decomposition; the pain being due to pressure on solar plexus and dilation of stomach combined. This condition of affairs might accompany any of the above diagnoses, but this patient's general aspect, age, history, extreme emaciation and cachectic appearance made me decide upon the provisional diagnosis of carcinoma of pylorus.

In discussing a differential diagnosis one would, of course, mention the possibility of such a mass being enlarged gall-bladder from empyema or growth; localized enlargement of liver by cyst or growth; pancreatic, right renal, omental, mesenteric new growths or cystic enlargement; incarcerated fæces; growth of transverse colon; enlarged and massed mesenteric glands. But none of these covered adequately the case under consideration.

The patient was sent to bed, *nux vom.* being prescribed. Having recently read the late Dr. R. T. Cooper's work on *Cancer and Cancer Symptoms*, I had been struck by the fact that although some of his cases are but doubtfully shown to be cancerous, yet many in a desperate condition, and to which the diagnosis of cancer appears justifiable, although unproven, were remarkably cured of their condition by his prescriptions. Therefore after five days, during which the patient only got worse, I gave a *single dose of ornitho. umb. φ mii.* (Gould's) and replaced *nux vom.* by a placebo.

The passage that Dr. Clarke quotes in the Review from Dr. Cooper's book was the one which suggested this remedy in this case, and the following are Dr. Cooper's indications: "Distension of stomach; frequent belching of offensive flatus, obliging her to loosen clothes; depression of spirits; complete prostration; painful sinking across epigastrium; feeling of sickness, keeping her awake at night; spasmodic contraction of pylorus; stomach pains invariably < when food attempts to pass pyloric outlet"; and this picture was very fairly portrayed in the symptomatology of the case in point.

The day after this single dose of *ornitho.* was given, patient was very uncomfortable and had increased pain; a little blood was seen in the evening vomit.

On the evening of the second day after, a very severe hæmatemesis occurred, soaked the bed through, and half filled an ordinary-sized hand-basin. The patient, who appeared almost lifeless, was given $\frac{1}{16}$ gr. of *hemisine* hypodermically, which at once checked the bleeding; a copious saline enema was given as a last resort, as the patient was not expected to live. However, she rallied and gradually gained strength. She was put upon a regular rectal diet, consisting of an egg, a dessertspoonful of Valentine's meat juice, half a pint of milk,

with half a pint of water ; this was given each morning, and followed throughout the day by a beef-and-milk suppository every four hours alternately.

The day following this hæmatemesis there was a good deal of melæna passed. Two days later the motions again became loose, but greyish in colour instead of black, and very offensive ; daily these motions gradually became more frequent and more copious, until in one day she would nearly fill three normal-sized bed slippers with the evacuations. In spite of this the patient gained strength and flesh, and the abdominal mass gradually but perceptibly decreased in size. These motions, which continued for more than a fortnight, appeared to be a decomposing cellular mass, the cells of which were so disintegrated that no staining or other microscopical appearances could be made out ; they suggested intestinal or stomach epithelium, and the mass contained some, though not much, ordinary fæcal matter mixed with blood. Gradually this condition of bowels became more natural ; the patient, though a great deal better, was still far from well, and occasionally had her old pain. During these three weeks since the giving of *ornitho.*, nothing but sips of hot water, water and milk, or a very little port wine had been allowed by the mouth ; and the only other drugs used were an occasional dose of *carbo veg.* 30 or *colocynth.* 30, to relieve temporary indications, and a few doses of *sulph.* 30 at night, when necessary to induce sleep. The progress at this time began to slacken, and so a second dose of *ornitho. umb.* ϕ η ii. was given, and within two days increased pains of the old type were complained of ; no bleeding occurred, but several motions, something like but smaller than those previously noted, were passed. Since then she has improved uninterruptedly, and now, four months later, is eating a very fair plain diet, all rectal feeding having been given up. She is now strong and wonderfully active, quite free of all her old pain, bowels acting regularly and naturally, and she gets about a good deal.

The three remarkable points about the case are :—

- (1) The sudden hæmatemesis after administration of a single dose of *ornitho. umb.*
- (2) The later enormous and unusual dark grey, foul, rectal evacuations.

(3) The disappearance of the abdominal mass, and the complete recovery of the patient.

The hæmatemesis may have been due to the simple progression of existing ulceration in stomach, in which way a large gastric vessel was opened coincidentally with the giving of the medicine; but then, again, it may have been due to the medicine inciting rapid disintegration of a vascular mass in which large blood sinuses were suddenly opened and the rest of the products of disintegration evacuated *per rectum*.

Usually a violent and sudden hæmatemesis is not associated with carcinoma of stomach, but with ulceration, and the only probable large vascular mass would be a sarcoma of the stomach, which is an exceedingly rare condition. Therefore, it appears more probable that this case, looking at first so much like one of malignancy, was really one of chronic gastric ulceration, with a great deal of inflammatory thickening of surrounding parts, and occupied such a position that under the influence of two doses of *ornitho. umb.* it was apparently almost entirely got rid of.

Dr. Cooper mentions a gastric case in which, after *ornitho.* was given, a large quantity of a blackish jelly material was vomited, and this may be a somewhat parallel condition.

Ornitho. umb. is certainly a drug to be well considered in such cases of chronic gastric and perhaps other abdominal indurations, when associated with the symptoms above mentioned, as given by Dr. Cooper, but such conditions cannot always carry with them the ostentatious diagnosis of cancer. It is often so tempting to give a condition a concise name, but when the case is cured no one can prove it to have been what it was claimed to be. How often have the most experienced observers demonstrated and lectured upon an apparently typical case of carcinoma, and after the operation for its removal, and the microscopical examination for its identity, have had to confess that it was after all an inflammatory mass, simulating so deceptively the appearances and signs of cancer. We appreciate, of course, that the verdict of the microscopist is not infallible, but it is certainly less liable to fallacy than the other more general and less direct methods of diagnosis.

To the patient, however, such inflammatory masses are

frequently as dangerous and as distressing as a true pathological cancer; indeed, being capable in certain positions, such as the œsophagus, pylorus, rectum and elsewhere, of producing conditions incompatible with life. Therefore, since there is generally an element of doubt about the diagnosis of a cancer, part of which cannot be microscopically examined, we have in *ornitho. umb.* and other simple remedies a great hope and help for such cases.

No result should appear too extraordinary and no experience too fantastic to be denied examination, thoughtful study, and, if possible, repetition, so long as sufficient data be furnished to enable such experience to be intelligently followed. We, who see the withering effect of an academical scepticism upon the medical thought of a large section of our profession, cannot afford to be sceptics.

Experimentation constantly repeated, with carefully recorded data and experience, should be the constant aim of every prescriber, and Dr. Cooper's works upon the use of medicine in cancer throw open a fertile field for study, for he advocates something new in form of remedy and method of prescription, and therefore *invites* the test of repetition.

Personally, I strongly endorse Dr. Clarke's statement that "*ornithogalum umb.* will not be eliminated from my *Materia Medica*," but rather that opportunity will be sought for its more frequent use when indicated.

SPHÆRIA OF TASMANIA.

By E. B. IVATTS.

IN Moncure Daniel Conway's book, *My Pilgrimage to the Wise Men of the East*, he gives an account of this sphæria which must be either the *Torrubia robertsii*, or possibly the *T. talori*. He says: "This is the bullrush caterpillar or vegetable caterpillar. It is also found in New Zealand, where the natives name it *Aweto-Hotete*, but two specimens found in Tasmania were given me by the Librarian of Hobart, Mr. Alfred Taylor, to whom I am indebted for the facts about it. The plant is a fungus, a sphæria, which grows from 7 to 8 in.

above the ground, generally in a single stem, round and curving at the end like a serpent. The end is thickly covered with brown seed for some 3 in. It grows near the root of a particular tree, the *rata*. When pulled up, its single root is found to consist of a large caterpillar 3 in. long, which is 'solid wood.' Every detail of the grub is preserved; the sphæria grows out of the nape of the neck, strikes root, and completely turns the interior of the creature into its own substance. Externally the shell is left intact, no smaller rootlet appearing anywhere. The aborigines of New Zealand eat the pure white grub, and Mr. Taylor said that taken raw it is delicious. They also burn the caterpillar root and rub it into their tattoo wounds. A good many people believe that the plant develops the caterpillar form."

Possibly the sap of the tree destroys the substance of the caterpillar, or the caterpillar fastens on the tree for nutriment, and the sap imbibed hardens and becomes wood like the tree, encased in the outer form of the caterpillar.

TORRUBIA SINENSIS.

When reading an article some years ago by Mr. James Britten, F.L.S., on the *T. sinensis*, I was attracted by its semi-animal and semi-vegetable character. Knowing that *ergot of rye*, and *viscum album* (mistletoe) possess a special action upon the female generative organization, I have conjectured a theory that most, if not all, parasitic plants as drugs have a special affinity for the male or female generative systems.

Through a friend at Swatow (China) I got a small bundle of the *T. sinensis*, some of which I have still retained. I hunted up Mr. Fred Porter Smith's book, *Contributions to the Materia Medica of China*, 1871, where he describes the *Cordyceps sinensis*, which appears to be the same fungus. He says: "This fungus, the sphæria of some writers, is described by the Chinese as a plant in summer and in winter an insect; it grows upon the head of a caterpillar as a disease of the insect. It is said to be common in Thibet, but the present supply comes from 'Kia-ting,' far in the 'Sech'nen.' It is not so rare nor so much thought of as in the days of Duhalde, who praised it immoderately. It belongs to the class of drugs

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called 'Lang-tan-hi,' or things uncommon but not in any demand. It is sold in bundles weighing 2 mace (16 grains troy) each, on an average. The bundles are $\frac{3}{4}$ in. in diameter, and from 3 to $3\frac{1}{2}$ in. in length. Each of the many pieces forming the bundles consists of two distinct portions, one of which is large, belonging to the insect, of a yellowish-brown colour, more than an inch long, showing the rings, joints, and more or less of the characteristic structure of the grub; and the upper fungus portion, consisting of a spurred filament of a greenish-brown colour. The insect is probably a species of the *Hepialus* of the moth tribe. The account of this fungus is found in the *Pen Ts'an*. It is said by Duhalde to be found in the province of 'Hukwang,' answering to Hup-ah and Human of the present time. It is said to be as good as 'ginseng,' to be worth four times its weight of silver. It is used in jaundice, phthisis, and cases of injury of any serious nature. Very few people know much about it at the present time."

Mr. Britten gives a similar account, and states: "Its special value appears to be in cases where from illness or over-exertion the powers of the system have been much reduced. The method in which the fungus is employed is especially curious. A duck which has been previously stuffed with 5 drachms of the sphaeria is roasted before a slow fire; during the process the virtue of the fungus is supposed to pass into the flesh of the bird, which is then eaten twice a day during the following eight or ten days. Very old and black specimens are worth four times their weight in silver. The Chinese name for it is 'summer-plant—winter-worm.' Father Porenin, a French missionary, sent it to Paris with an account stating that it was the root of a plant of which he had seen the leaves and flowers, but that these roots were supposed to be turned into worms."

SHORT PROVING.

January, 1877: No. 2x trituration dose 1 to 3 grains morning and evening. The first four days it excited the sexual powers and afterwards depressed them, so that an erection was difficult. In five days it produced a dull headache; this was followed by violent sneezing, and the next day

by running from the nose (coryza), which lasted several days; but it felt different from an ordinary cold, although it was in January. The mucous membrane inside nostrils continued dry and hot, and the olfactory nerves very sensitive to cold, similar to the effects of an overdose of *iodide of potassium*. Vesicles (herpes) came out on upper lip, broke, and healed in six days. The penis became very shrunken and reduced in size to a baby's. Odd red spots appeared here and there over body. Teeth and gums sore for several days. Bowels constipated, with occasional discharge of hard, single faecal pieces, knotted, black (not as deep black as tar), and of a greenish metallic hue; the torrubia under microscope had the same hue. Mr. Britten quotes the Chinese using it as an aphrodisiac, and I found it so apart from the nose effects. Any student wishing to test the drug, the writer will send a two drachm phial of No. ix through Editor.

ON A CASE OF EXTRA-UTERINE GESTATION PRESENTING SPECIAL CLINICAL FEATURES.

By H. WYNNE THOMAS, M.R.C.S.,
Physician to the Phillips Memorial Hospital, Bromley,

AND

GEORGE BURFORD, M.B. & M.C.,
Senior Physician for Diseases of Women to the London Homœopathic Hospital.

ONE of us has aforetime recorded in this Review and elsewhere various unusual cases of extra-uterine gestation that have come within his experience. Once it was a degenerating foetus of twenty-two weeks, that was successfully removed from the abdominal cavity after it had been expelled from the tube, the placenta remaining intact in the tubal sac. Again, the rare phenomenon—sixth recorded case in the medical literature of the world—of bilateral and simultaneous tubal gestation, operatively demonstrated and dealt with. Next, an early tubal pregnancy, diagnosed as such and removed before abortion or rupture had super-added their classical symptoms. The present case is one in which indications of gestation were throughout obscured by hæmorrhages of the periodic type, the uterus by bimanual examination being

obviously empty ; where nausea and vomiting were marked symptoms in the course of tubal gestation, both before and after rupture ; where no history of preceding amenorrhœa was given, and where this—the first pregnancy—had no antecedent normal conceptions as standards of comparison.

The patient was a lady, aged 39, and married eighteen months before the commencement of this history. An operation for appendicitis had been performed some two years prior to marriage. All went well in the married life of the patient for a twelvemonth, when the customary "chill," from which few peritoneal histories are exempt, appeared on June 17, 1908, the catamenia being a little before time in this month. But thereafter the periods became increasingly less, and the interval prolonged to five or six weeks ; the October period being particularly scant. Concurrently with this aberration on the part of the periods, nausea now obtruded itself some half-hour after food, and pain in the lower abdomen was complained of. Still, what was considered as the menstrual flow recurred, though at varied intervals, and in lessened volume.

On October 6 the catamenia came on, from the patient's point of view, "naturally," the normal character ceasing on the 7th, and tailing off the next day in a darkish brown discharge. On the 9th a railway journey was taken, and the following day, while straining at stool, sharp abdominal pain was felt. This pain passed away. Next day found the patient out walking, but in the evening the abdominal distress grew acute, the patient became sick, and almost fainted. A local physician was called in, who diagnosed pregnancy, and, by way of accounting for the recent sharp pain at stool, fissure of the rectum was added to the diagnosis. Five days after, the patient returned home by rail.

The following day she was seen by one of us, who found that the rectal fissure had taken to itself wings and flown, for the examining finger could be passed into the rectum painlessly and readily. The uterus was found in its normal direction of anteversion, but pushed over to the left ; and on the right—the same side as the former operation—an indefinable and non-fluctuant swelling was made out. Next day the bowels responded to enema ; some tenderness in the right

flank was experienced, but the lady was up and about her house.

Various detached symptoms now ensued; on one day a chocolate-coloured discharge appeared; abdominal pain was renewed by enema, and sickness followed; now she was chilly and now perspiring; but these were passing phases merely, without continuance.

On November 23 we saw her conjointly. The temperature was 99.2° F. in the evening, and the pulse 78. The abdomen was sensitive to touch and pressure, but nowhere distended. The uterus was displaced to the left side, and bimanually was obviously empty, and of average dimensions. But the pelvic floor was rigid, indicating plastic effusion; the tender abdomen, the stiffened pelvic floor, and the nulliparity of the patient, rendered detailed physical examination without anæsthetic a matter of special and peculiar difficulty. Strict rest in bed was enjoined, and a tubal swelling as the nucleus of the pelvic enlargement diagnosed.

But the condition did not improve. True, the temperature never rose to 100° F., nor was the pulse over 82, yet the nausea and vomiting remained as distressing symptoms. Abdominal pain increased, and was generally referred to the umbilicus. *Colocynth* gave relief to the paroxysms. The sleep was fitful and the nights bad. On November 29 the pain became intense, and the patient collapsed; the pulse was small, 80 per minute, and the abdomen generally tender. In two or three days a rally had been effected; the pain had lessened, the sleep was more satisfactory, the pulse was 82. Another violent attack of pain occurred, the patient again became collapsed, the pulse rose to 120; the nausea and sickness had become so inveterate that rectal feeding was commenced and continued.

The patient looked anæmic; and the urgent necessity for abdominal operation was impressed on the friends and conveyed to the lady herself. The next few days were utilized in special preparation for the operative stress. Rectal feeding each second hour, small quantities of champagne by the mouth, and the occasional use of *strychnine* definitely improved the physical condition, so that on December 9 the patient was safely transported in a St. John ambulance to

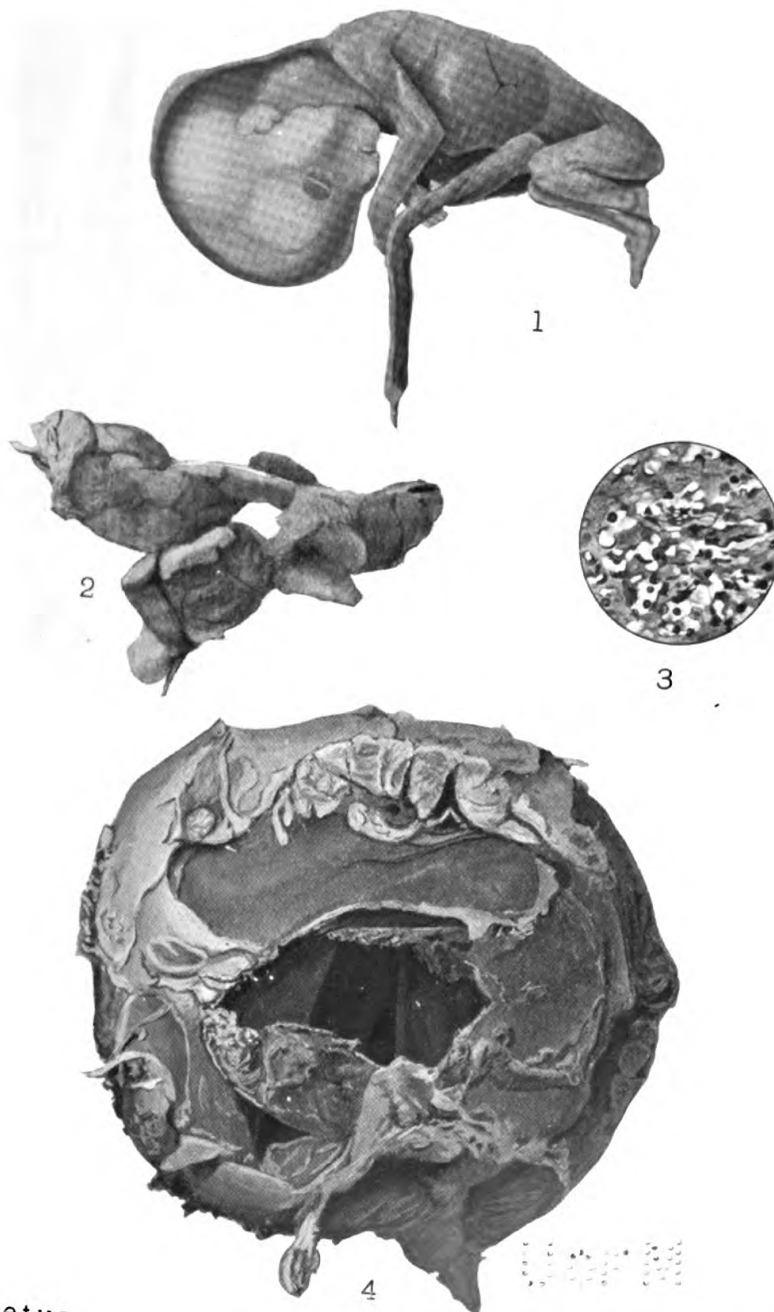
the Phillips Memorial Hospital. Operation was undertaken on the 12th. Just prior to operation three shreds of membrane were passed for the first time from the vagina; there was no hæmorrhage.

Dr. Wynne Thomas anæsthetizing, and Dr. James Johnstone assisting, Dr. Burford opened the abdomen and found the extra-uterine gestation entirely roofed over by omental and other adhesions; no free blood presented itself. The adherent tissues were separated, the foetus and blood-clot removed, the tubal sac separated, ligatured and ablated; various pouches of blood-clot were emptied, mainly deep in the flanks; the abdominal cavity was irrigated with sterilized water, and the abdomen closed without any drain. There was no collapse; no transfusion was necessary.

The patient made an excellent surgical recovery from operation, the main disturbing element being insomnia during the earlier stage of the convalescence, a difficulty which had presented itself closely following on the earlier appendix operation also. By the persistent use of remedies such as *aconite* 3, *belladonna* 3, at night, this symptom was eliminated. We have never found the employment of the so-called sedatives in tangible doses of any avail whatever in the cure of insomnia in pronounced cases at this juncture. A later difficulty ensued in the shape of a desquamative dermatitis, due to enema absorption, accompanied by a rise in temperature; it persisted for some time and caused much discomfort. The surgical part of the convalescence was without event.

NOTE BY DR. BURFORD.

In deciding on operative relief for this patient, the clinical course required and received the most careful consideration. Early in the case the diagnosis of ectopic gestation was canvassed, but the signs and symptoms as determined at the bedside were decidedly too inconclusive to warrant exploratory operation. Though the clinical history as here given contains nothing adverse to this diagnosis, yet the development of the illness from day to day and from week to week as actually observed, was not defined enough to warrant operative procedure until late in the history of the



1. Foetus. 3. Decidual Cells ($\frac{1}{8}$ objective).
 2. Uterine Decidua. 4. Tubal sac with membranes
in situ.

To illustrate case of Ectopic Gestation by
 Dr. Wynne Thomas and Dr. Burford.

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case. That the symptoms were pelvic in origin, and involved a tubal enlargement with secondary peritonitis, was clear throughout; only the further development, with more definite crises, removed the case from the physician's to the surgeon's sphere. There had been already an abdominal operation in the same zone, and the lesion might, for aught that was known, have been tubercular. There had been no defined amenorrhœa, ended by any irregular uterine oozing. Until late in the case the *tout ensemble* did not include anæmia. With the persistent nausea was a demonstration of the uterine emptiness; with each crisis of pain came clear indications of a rapid peritoneal protection. The case well illustrates the unravelling of incomplete and obscure data by persistent observation on the part of the physician, and the satisfactory issue of the combined work of physician and surgeon.

Clinical Cases.

CLINICAL NOTES.

By A. E. HAWKES, M.D.

Medical Officer, Hahnemann Hospital, Liverpool.

MRS. S. L., aged 35, presented herself at the Out-patient Department of the Hospital on November 6, 1908. She complained of pudendal irritability, but there was no sugar in the urine, and for reasons which need not be given in detail, *creasote* 3 was prescribed. This was continued with some advantage for a fortnight, when she stated that her baby which she was nursing, vomited almost immediately after taking the breast. No suspicion on her part attached to the medicine she was taking, but it need hardly be said that it was at once stopped. *Eupion*. 6 was given instead, and with good results as to the mother's symptoms, and the baby ceased vomiting almost immediately. There cannot be much room for doubt as to the *creasote* 3 having caused the vomiting, and those who have been in the habit of prescribing for the suckling through the medium of the mother will probably be encouraged by the recital of this little case.

Referring to M. I.'s case, reported in last month's Review,

it is necessary to state that Christmas diet, consisting of pastry among other things, has occasioned a slight return of glycosuria, to my great regret ; but this relapse, which has already been remedied, enables me to refer to the case of a lady which will afford some slight compensation to those who share my disappointment.

This lady, aged 50 or so, came to consult me about eighteen months ago. She was suffering very much from pruritus vulvæ due to diabetic dermatitis. She did not know the cause, as she had been treated without the urine being tested. The strict cleanliness recommended by Saundby in *Allbutt's System of Medicine*, soon relieved this condition, followed up as it was by a course of *uran. nit.* 2 trit. The sugar gradually disappeared from the urine, and the diet was a little less strictly adhered to, an occasional potato being allowed. Relapses occurred, but it affords me much satisfaction to say that now the patient seems well, and that neither Fehling's solution nor yeast enables me to detect sugar in the urine.

WESTERN COUNTIES THERAPEUTIC SOCIETY.

DISCUSSION ON CANCER.

At the meeting of this Society held at Bournemouth on October 28, a discussion on the treatment of cancer was opened by the President, Dr. Edwin A. Neatby, who stated that such treatment might be divided under the following heads :—

- (1) *Medicinal*, which might be (a) empirical, or (b) in accordance with the law of similars.
- (2) By *pancreatic ferments*.
- (3) By *bacterial vaccines*, or *nosodes*, or *emulsions of cancer tissue* (as were used in obtaining immunity in mice).
- (4) *Operative*.

The first three of these methods were chiefly useful for those patients who refused operation, or were unfit for it, and for recurrence after operations. Many such cases were only fit for therapeutic measures. It was important to collect all the information possible about individual cases, in order to ascer-

tain what class of treatment was most valuable. The body tissues had normally a resisting power to cancer, the problem was to find what treatment afforded most help to the tissues in their resistance. Vaccines were now known to aid this resistance in many diseases, especially in tubercle, thanks largely to the researches of Sir A. Wright. In time, he thought, we ought to be able to get information which would aid us in solving the immense problem of the spread of cancer.

Dr. HARDY said that cases of apparent cure of cancer by medicinal means were only isolated. He recalled the original case cured by violet leaves—that of a lady whose sister was well known to him. The case was confirmed by a high London authority as being cancer, and the tissue on examination by the Clinical Research Society was reported as being malignant. But this was only a single cure, and in spite of continued use of violet leaves in numbers of subsequent cases, no other cure had resulted. He had tried it on several patients and had seen no more than temporary relief given. *Trypsin* had also proved, in his experience, useless. He had had one case of mammary cancer of special interest. After treatment during five years of high frequency and X-rays the tumour had become stony and hard, no ulceration had resulted, and the patient at present seemed to be well. The electrical treatment was given in three courses of three months each, during the period named, the X-rays twice a week for about four minutes, and the high frequency brush twice a week also, for twelve weeks at a time. This was the only case he had ever seen of definite arrest of a cancerous growth.

Dr. NICHOLSON thought they all ought to assist Dr. Neatby by sending him reports of cases. In his opinion, *arsenic* was the only drug which was really of use homœopathically, it having been proved to have produced epithelioma. In a case of cancer of the tongue, diagnosed by Sir James Paget some years ago, he gave *arsenic* followed by *iodide of potassium*, under which the growth greatly decreased, and the patient—an old woman aged 70—did well, and ultimately died of some other complaint. He had given up the hope of curing cancer by medicines, in his opinion only amelioration was possible.

Dr. NANKIVELL had tried violet leaves in several cases with

no effect. He thought the older people were, if moderately healthy, the more likely was cancer to appear. The tissues of the body varied much in different individuals, in their powers of resistance to disease, though every organ might be healthy. There was much loss of resistance in old people to various diseases, and the older they were the more likely was cancer to develop. He did not think gout predisposed to cancer. Everyone became gouty if they lived long enough. He had used formalin pads externally in one case of mammary cancer. It certainly killed the cancer tissue, which became intensely hard and leathery, and had to be cut away with sharp scissors. By this means the tumour was reduced from the size of the hand to a small puckered cicatrix. But general infection of the system ensued and ended fatally.

Dr. A. SPEIRS ALEXANDER said his ambition from the first year of his practice had been to find a cure for cancer. But he did not now think it possible to find a cure for all cases. Isolated cases recovered occasionally under treatment. In some cases of supposed cure the diagnosis was defective. He recalled the case of a woman with a tumour of the breast, which all the doctors said was scirrhus—it certainly had the usual characteristics. She went the round of the London hospitals, the diagnosis was the same, and operation advised. On questioning the patient, however, he found that one feature of the case had been ignored—etiology—she had suffered a blow upon the breast a year before. After treatment with *arnica* the tumour disappeared. Could this have been a case of true cancer? There was another class of cases, which could be cured medicinally. He had a lady with a mammary tumour resembling carcinoma in an early stage. Under *phytolacca* ix and *phytolacca* compresses the tumour disappeared. That was not cancer, but probably a fibro-adenoma. He wondered if gout had any connection with cancer. He recalled one case of a very gouty lady who had gouty eczema of the palms cured by *graphites*, and many other symptoms of gout. She then developed a tumour of the left breast, and cancer was suspected. It vanished under *conium*, and was probably not cancer. In homœopathic literature various remedies were credited with having cured cancer. Dr. Hughes mentions a case of epithelioma of the tongue cured by

hydrocyanic acid. In other cases it had proved useless, as had been found with violet leaves. In his opinion there could be no one remedy. He did not think that any one vaccine could be found that would cure all cases. The method of obtaining a culture from the cancerous tissue involved cutting down and excising it, which involved the danger of general infection. He thought that Nature's defences should not be interfered with.

Dr. GILBERT had treated a case of right mammary cancer, diagnosed as such by Liverpool surgeons, in a woman aged 65. There was intense pain, with cachexia and all the usual symptoms. He gave her a 1 per cent. solution of *cacodylate of soda*, with rapid improvement to general health, and she wrote recently saying that the tumour was a third of its former size, and she could use her arm without pain. From his experience he had decided never to recommend operation for breast cases again, there was always recurrence, usually with more pain and suffering. He recalled another patient who lived for twenty-one years after the diagnosis of cancer, under *arsenium, hydrastis, conium*, &c., but finally died from it. In cases where nothing else could be done, he would say, "Leave it alone and try *arsenic*."

Dr. A. SPEIRS ALEXANDER thought the first case mentioned by Dr. Gilbert might have been a cyst, which had all the symptoms of cancer—even hardness—but could be distinguished by using a hypodermic syringe.

Dr. NEATBY, in conclusion, drew attention to the importance of some rule as to what cases were suitable for operation. In some cases, especially atrophic or senile, harm was done by operating. If a patient had had a lump in her breast for years it were better left alone. Great care should also be taken in advising against operation. If an operation were to be performed it should be at the earliest possible moment; this had a great effect on the results.

Hospital and Provincial News.

* * The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

SOUTHPORT HOMŒOPATHIC DISPENSARY.

No further comment is necessary on the amount or the quality of the work done in this up-to-date Institution, or on its appreciation by the sick poor, than to say that the attendances during 1908 amounted to 3,346, being an increase on those of last year of 637—rather more than 23 per cent. The actual increase of patients is even more marked, as a large proportion of chronic cases is now seen only once in two weeks.

The Committee regrets that it is unable to report any increase in the amount of subscriptions and donations, whilst the payments made by the sick poor exceed in amount those made in 1907 by £25 (or about 50 per cent.).

In these days of scientific advancement, it would seem almost incredible that a system of medical treatment, which is showing such excellent results, should be denied public support simply *because it is new to so many*.

When further evidence of the treatment can be given in the Cottage Hospital now in course of erection, it is confidently hoped that the public will not withhold its generous support from so useful an Institution.

Since this report was in the Press, a generous donation has been received of £10 from the Committee of the Police Athletic Club, which will be acknowledged amongst this year's gifts, but in the meantime the Committee is particularly grateful for this public acknowledgment of the value of the Institution.

Correspondence.

SODIUM CACODYLATE IN MALIGNANT DISEASE.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

SIRS,—Permit me to clarify one or two points on which I find some misapprehension exists, as concerning the detail in my paper on "The Treatment of Malignant Disease by Sodium Cacodylate," read before the British Homœopathic Society last month.

A friendly critic tells me that the list of six deaths in my table of some twenty-five cases has greatly disappointed him. May I say once more that in each of these six cases the remedy was not taken for the period necessary for protection? In one case only three weeks were given to it. In another many months intervened between the several courses of the drug. Others were hopeless cases *ab initio*. But I repeat that *in the cases I indicated in my paper, and following the directions there laid down, I have yet to see a case of recurrence after the cacodylate treatment had been fully carried out.* And I have had no experience with, nor do I know any other treatment, of which the same can be said.

During the years which this experience covers, I have given the *cacodylate* in many varieties and all stages of malignant disease; and the results gained have enabled me to define with accuracy where *cacodylate* is of supreme value, where its action is more or less neutralized, and where it is useless. For these points I must refer to my paper. But I am not aware of any work but my own which deals with the saturation of the organism with *cacodylate* for the "three-year limit"; and, as malignant disease goes, I do not consider a record of six deaths—some absolutely hopeless cases—out of a list of five-and-twenty a basis for disappointment. It is because I do not wish misapprehension to take root that I take an early opportunity of dealing with this all-important matter.

I am,

Yours faithfully,

GEORGE BURFORD.

35, Queen Anne Street, W.,
January 22, 1909.

Reviews of Books.

Various Derelict Cases. By J. Roberson Day, M.D.Lond.,
Physician for Diseases of Children to the London
Homœopathic Hospital.

This brochure by Dr. Day contains the substance of papers read before the British Homœopathic Society and the Cooper Club. It relates a series of cases of a chronic nature, which had had much treatment at allopathic hospitals and at the hands of many physicians and surgeons, but with no benefit, and which had finally come to Dr. Day's clinic at the London Homœopathic Hospital and been cured. The cases occurred principally in children, and exhibited the various manifestations of tubercle, epilepsy, chronic gastric disturbances, constipation, enuresis, urticaria, derangements of puberty, and neurasthenia. The treatment was the ordinary homœopathic treatment by the indicated remedy, and calls for no especial remark, but it was very successful, and Dr. Day, the patients, and the London Homœopathic Hospital, are all to be congratulated on the restoration to health of these derelict cases.

Vital Economy, or How to Conserve your Strength. By John
H. Clarke, M.D. London: T. Fisher Unwin, Adelphi
Terrace., W.C. Price 1s. net.

Last month we reviewed Dr. Clarke's book, *The Cure of Tumours by Medicines*, and this month we have received a shilling brochure from the Homœopathic Publishing Company on "Vital Economy, or How to Conserve your Strength," from the same prolific pen. It is a very readable and instructive little shillingworth, written in a happy "wit and wisdom while you wait" sort of style, on general matters of health and bodily well-being. Commencing with a general plea for the admission of "vital economics" as a science, and its importance to everyone who desires the sane mind in a healthy body, Dr. Clarke, in some eight chapters, gives us the result of his observation and experience in attaining and maintaining the highest development of vitality of which the body is capable. These chapters are upon the

bath, fresh air, exercise, stimulants, tea, coffee, worry, and visiting the sick. Most medical men will agree with the conclusions and advice given, happily and often humorously expressed in a very readable manner. The harm done, and the ill-health often kept up by a slavish adherence to the daily cold bath is clearly portrayed, and we presume that this chapter was the source of inspiration that lead one of our daily half-pennies to print a "scare head" some weeks ago on "The Dangers of Washing—Warning by an M.D.," or words to that effect.

In another chapter, the importance of fresh air being duly emphasized, we are glad to see the "fresh air maniac" correctly described, and the reader is given a fatal example of following his ill-timed advice. And here a warning to medical men opportunely occurs, in the need of carefully directing convalescents as to the time, distance, and arrangements for the "first drive," which is so frequently ordered without such precautions after some illness.

In another chapter, "tea-drunkenness" is deplored, and the amusing lines contributed to the subject by *Punch*, after Dr. Clarke's article with this title had appeared in a daily paper, are repeated. Though there is no reason to look upon tea as a poison, when moderately indulged in, we can agree with the statements made as to its harmfulness in many cases, more especially since the tannin-loaded strong teas from the virgin soils of Assam and India have replaced the feebler China teas which were in common use a generation ago.

Every doctor would be thankful if the warnings contained in the chapter on "Visiting the Sick" were attended to by his patients, and more especially by their visitors. This chapter is prefaced by the quotation, "Save me from my friends." The mischief done by injudicious visits of well-meaning persons to weakly patients is a constant source of annoyance to the practitioner, and one from which it is most difficult to induce patients to protect themselves, and it is often more difficult for their medical men to do this for them. We cannot, however, agree with the author that "every individual is an electric battery," and although the rather alarming theory, based upon this supposed "fact," may serve to rouse patients to the importance of limiting their visitors, it seems

of doubtful expediency to drag in a quasi-scientific explanation, of very doubtful veracity, into an otherwise simple matter. We can imagine a nervous patient to be in fear of her best friend through imagining her magnetism to be "antipathetic," as described in this somewhat terrifying sentence, "Two persons may be equally magnetic, but the magnetism of one may be so antipathetic to the other as almost to kill him!" (p. 93).

Finally, we can recommend Dr. Clarke's *Vital Economy* to all who wish to conserve their strength, indeed, there are few of us who will not pick up some hints from its perusal. The skilful manner in which useful advice is here combined with amusing anecdote and story will make the book attractive to those patients who like to imbibe sound instruction if it be sufficiently well sugared.

Notices, Reports, &c.

HONYMAN-GILLESPIE LECTURES.

ON the afternoon of Thursday, December 17, Dr. Wheeler lectured on therapeutics and took for his subject Syphilis. He first noticed the value of the nosode *syphilinum* in syphilis. It is given in the higher attenuations, the thirtieth or higher, and at intervals of a week or ten days. It is most useful in the manifestations of congenital syphilis, and in the later ones of acquired syphilis, but it may also be given in the primary stage, though there is but little clinical record, as yet, of its employment at this stage of the disease. Dr. Wheeler had noticed very favourable results from its use in an advanced case of locomotor ataxy.

For the primary sore *mercurius vivus* was indicated by its power to produce ulcerations with an indurated base. If the ulceration should assume a phagedænic aspect *mercurius corrosivus* should be chosen. *Arsenic* has lately been coming into use for the treatment of primary syphilis, and would be likely to be useful when it occurs in subjects who are greatly debilitated.

In secondary syphilis *mercurius* is still indicated by the

ulceration of the throat, by the night sweats, and by the nocturnal bone pains; but other medicines may also be thought of, for instance *phytolacca*, which has in its pathogenesis ulceration of the throat and pains in the bones; *stillingia*, which has pains in the bones still more markedly; *mezerium*, which has bone pains, and also falling out of the hair, *sarsaparilla*.

All the medicines hitherto mentioned act best in low dilution, 1x to 3x. For the depressed mental state in which the mind cannot help dwelling on sexual subjects, *staphisagria* 12 or 30 is recommended.

For ulcerations which do not get well under mercury, or where mercury has been used in excess, *nitric acid* is the remedy. It is especially useful for cracks and ulcerations about the orifices of the body. Another medicine useful for results of the abuse of mercury is *hepar*. Both *nitric acid* and *hepar* are effectual in ulceration of the throat; the latter is indicated by sensation as of a splinter in the throat, a symptom related to the excessive sensibility of the drug. Another syphilitic throat remedy is *kali bichrom*. The *biniodide of mercury* is often more useful than *mercurius vivus* for the throat ulceration.

Syphilitic iritis should be treated with *mercury*; here the *sulphide*, or *cinnabar*, seems to act best.

In tertiary syphilis *kali iodidum* is the great remedy. Sir Jonathan Hutchinson has shown how exactly poisoning by *iodide of potassium* resembles the manifestations of tertiary syphilis. It should be given in doses of $\frac{1}{2}$ to 2 grains three times a day, and the doses should be dissolved in a fairly large quantity of water in order to dissociate the *iodine* ions which are the active constituents of the drug in combating syphilis.

Late secondary or tertiary symptoms which have become complicated by mercurial over-dosage should be treated with *aurum metallicum*, *aurum iodidum*, or the double *iodide of potassium* and *gold*. Caries of bone, especially of the nasal bones, and obstinate ulcerations of mucous membranes of mercuric and syphilitic origin, yield to *aurum*. An especial indication for it is great mental depression with suicidal tendencies.

In all kinds of cases, if the improvement from the indi-

cated drug flags, it is well to interpolate a few spaced doses of *syphilinum*, which will often again start the case on the road to cure. This *nosode* should be given in high dilution by the mouth; it acts really as a vaccine, and its use in syphilis is analogous to the vaccine treatment of tuberculosis by tuberculin.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the Session was held at the London Homœopathic Hospital, on Thursday, January 7. Dr. Stonham, Vice-President, was in the chair. There were present as visitors: Dr. Hare, Pathologist to the Hospital, and Dr. Marriot. The following specimens were exhibited:—

(1) Perforated duodenal ulcer, from a woman, aged 65. Dr. Wynne Thomas.

(2) Epithelioma of cervix uteri; vaginal hysterectomy; recovery. Dr. Burford.

(3) Microscopic slide of the above. Mr. Frank Watkins.

(4) Extra-uterine gestation at about the third month; tubal rupture; laparotomy; recovery. Dr. H. Wynne Thomas and Dr. Burford.

(5) Microscopic slide of the uterine decidua from the above.

(6) Carcinoma of the ovary; laparotomy; recovery. Dr. McLachlan and Dr. Burford.

(7) Double pyosalpinx, closely incorporated with the rectum; laparotomy; recovery. Dr. Sandberg and Dr. Burford.

After the minutes had been read and confirmed, the Chairman called upon Dr. Burford to read his paper entitled "A General Review of the Defensive Powers of the Organism against Malignant Disease; a Working Hypothesis for its Therapeutic Treatment; Personal Experiences with Cacodylate of Soda as a Remedy."

Before proceeding to read his paper Dr. Burford showed four patients to the Society: (1) Patient operated on two years ago for carcinoma of the cervix uteri; infiltration had commenced in the parametrium. There has been no recurrence of the growth and the patient is in good health. She has taken *cacodylate of soda*, $\frac{1}{4}$ grain *ter die*, since the opera-

tion. (2) Patient who, subsequently to a nervous shock, had a carcinoma of the uterus, which was removed by operation, May, 1906. She has since gained 1 st. 5 lb. in weight, and is in good general health; no recurrence. Has been treated since the operation with *cacodylate of soda*. (3) Patient with carcinoma of uterus, which was removed two years ago. She has taken *cacodylate of soda*, $\frac{1}{4}$ grain *ter die*, for twenty-one months without intermission. In good health. (4) Patient with carcinoma of fundus uteri, removed twelve months ago; has taken *cacodylate of soda*, and remains in good health.

Dr. BURFORD began by saying that his paper was a clinical one and was constructed entirely from his own experience. He thought that as the soil and the seed are the two predominant factors in the development of cancer, the future of its treatment lies not with the surgeon but with the physician, who alone has it in his power to modify those factors. He will do so by strengthening the forces in the body which are normally present and active in producing immunity against malignant disease. That there is a normal prophylaxis in the body against cancer, he thought was proved by the following facts: that the highest immunity occurs during childhood and adolescence; that immunity is least between the ages of 35 and 55, a period when the stress of life is greatest; that immunity rises again after 55, with thereafter variability, but with, on the whole, a continued upward tendency with old age; that ablation of the ovaries for a time causes marked retrogression of cancer nodules in the breast; that heredity is a cause of immunization, inasmuch as the hereditary tendency dies out in three or four generations; that depression of the system by traumatism or by prolonged emotional distress is a common antecedent, and presumably one of the causes, of cancer. Dr. Burford divided the resisting powers of the body to malignant disease into three degrees, that of highest immunity valency, of medium, and of lowest, the two latter being separated by a critical line, to fall below which rendered the person liable at any time to be the subject of malignant disease, a disease from which he could not recover unless his immunity powers could be again raised above that line. All local causes predisposing to cancer are inoperative in producing it unless the degree of constitutional immunizing ability

has also fallen below the critical line. Besides the general immunizing mechanism, a local defence is set up in the neighbourhood of a new growth where there is a local manufactory of immunizing bodies. On account of this a surgical operation which not only removes the growth but also the local defensive barrier may prove disastrous to the patient, the depressed general immunity permitting rapid recurrence of the growth, the local hindrance to which has been taken away.

Dr. Burford considers that the mechanisms of protection and removal are clinically distinct processes; the antibodies which maintain local defence are not those which stimulate resorption. To prove this he mentioned a case where a malignant tumour of the breast became largely removed by absorption coincidently with the development and growth of a cancer in the uterus. In this case, though absorption of the tumour had occurred, the local barrier had not been maintained.

There is no general laboratory test by which we may know the immunity power against malignant disease of any given individual; this must be gauged by the condition of the patient as viewed in the light of the physician's experience; but the existence of other kinds of growths may be considered a sign of lowered general resistance to cancer, and so may also depressed conditions of the system arising from nervous stress or shock.

To heighten immunity valency and thereby to assist the cure of cancerous tumours, or the prevention of their recurrence after removal, Dr. Burford, from an experience of several years, had been led to place much confidence in *cacodylate of soda*. He showed a diagram giving the tabulated results of twenty-five cases, in most of which it had rendered marked service, curing some inoperable cases and preventing recurrence in others after operation. The *cacodylate of soda* should be given in moderate doses, persistently, over a long period of time. Dr. Burford's usual practice was to give $\frac{1}{4}$ grain three times a day continuously for six months, then to allow a fortnight's interval, after which it is resumed for another three months, and so on for a period of three years. Where the growth is a rapidly growing one without local defence, and where recurrence takes place within six

months, the drug is not suitable. But if no recurrence has taken place within six months, he has yet to see the case where that misfortune befell if the *cacodylate of soda* had been steadily continued to be given.

Besides this medicinal treatment, local treatment could also be advantageously used, the most successful being the application of radium and X-rays. Data had been published showing over 200 verified cases of absorption of cancer masses by natural powers.

When the attempt to heighten sufficiently the general immunity powers of the patient as well as to strengthen the local barriers had failed, and the growth was obviously gaining ground, surgical means must be at once adopted, and the mass, if possible, removed. With the incubus of the tumour removed the system may have power to respond to the agents employed to stimulate the immunity mechanism, and it may be possible to raise the immunity valency of the patient above the critical line and so prevent a recurrence, but to achieve this the treatment must be begun at once, and Dr. Burford laid down the following as axiomatic: "The insistent moment to establish therapeutic control is *immediately* after operation. Delay is deadly."

An animated and interesting discussion followed which was carried on by Drs. CLARKE, DYCE-BROWN, COOPER, BYRES MOIR, JOHNSTON, NEATBY, GOLDSBROUGH, HARRIS, HEY, DAY, WATKINS, and STONHAM.

NORTHERN COUNTIES THERAPEUTIC ASSOCIATION.

THE first meeting of the Session was held in the Board Room of the Leeds Homœopathic Dispensary, on Thursday, January 7, 1909.

Dr. MAHONY, of Liverpool, gave a very interesting and instructive paper on "The Law of Similarity exclusive in Therapeutic Science." The paper was an exposition of the progress which took place in Hahnemann's mind during the years of investigation which led him to enunciate the law of similars and to discover the law of potentization.

Those present all keenly enjoyed the paper and an interesting discussion followed; in which several members differed from the views of the writer of the paper, especially as to the law of potentization being on all fours with the law of similars.

Section 153 of the *Organon* was to have been read and discussed, but as time was limited the section was read and a few remarks passed upon its subject-matter, and the meeting came to a close.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from December 15, 1908, to January 14, 1909 :—

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HORLICK'S MALTED MILK.

It is a well-known, but nevertheless regrettable, fact, that nowadays mothers are unable, or unwilling, to suckle their young. This, as a sign of the times, is of ominous import as far as the State is concerned, for human milk is not only the best—it is the ideal infant food; and all other foods, even the best of them, must fall somewhat short of this ideal, with a corresponding loss to the young of our race, who, in this way, are handicapped in the battle of life from the very start. Manufacturers of infant foods, such as Horlick's, are doing their very best to minimize the evil effects of a decadent motherhood, and sometimes with wonderful success. For this reason, if for no other, medical men owe them a debt of gratitude, for in such cases a heavy burden falls to the lot of the medical attendant in his efforts to find a suitable substitute for mothers' milk. Curiously enough, mothers are often averse to using ordinary cows' milk, though, perhaps, justly so, since tuberculosis can be, and very often is, contracted in that way, by the "abdominal route."

No one food will suit every infant, as every medical man knows to his sorrow; but there can be no doubt that Horlick's malted milk does suit a very large proportion of them. It is one of the best substitutes for mothers' milk, as abundant testimony from medical men all over the world proves. Being in the form of a dry powder it may be kept for years even in the worst climates. For this reason, also, it is entirely free from preservative chemicals of any kind as they are not needed; it is also free from adulterants and impurities as shown by the results of chemical analysis in the "British Analytical Control" Laboratories. It cannot be doubted that a reliable food such as "Horlick's" is better than a variable and scanty supply of breast milk of imperfect quality.

Horlick's malted milk is always alkaline in its reaction, thus resembling natural milk at the time it leaves the teat. It also contains a much larger percentage of fat than either of the most popular infants' foods, in powder form, upon the market to-day. This is a most important point in its favour, and one that should never be lost sight of.

Horlick's malted milk is the result of elaborating pure, full-cream milk with the extracts of selected malted grains, *in vacuo*, at the pasteurizing temperature. By this means the milk has been enriched with carbohydrates and with the organic phosphates of the grains, while the casein has been physiologically altered into a soluble form. It therefore contains a due ratio of all the elementary principles that are necessary for the maintenance of health and bodily vigour, requiring neither the addition of milk to make it nutritious nor cooking to make it digestible.

For infants deprived of mothers' milk we have often found it a most satisfactory substitute. The food is a safe one and tends to minimize the risk of cholera infantum, dysentery, &c., which are often the result of using impure milk, or milk loaded with disease germs, whether from internal or external sources, such as fly-borne impurities. Another important point in regard to this food is the fact that the carbohydrates present are not in the form of starch, as is the case with many of the so-called infants' foods. Starch cannot be digested by infants until they have reached the age of six or eight months. Before this it gives rise to acidity, flatulence, and is fit only to be used by "baby-farmers," for it is quite useless as a food. The casein present in Horlick's malted milk does not form coagula in the proper sense of that term, but only delicate, flocculent particles, here again closely resembling good maternal milk. At the same time the food is not entirely pre-digested; it still leaves the stomach some work to do.

But its uses are not limited to a food for infants; it is also of great use to adults, well or ill, under various conditions. For example, it is of great use in treating typhoid, pneumonia, gastro-intestinal troubles, neurasthenia, Bright's disease, and other serious ailments. After the acute stages are past it is still of use to the convalescent as it is easily digested, and exerts a somewhat stimulating effect.

Mothers, too, who suckle their infants, will find it useful to meet the drain upon them; it will also increase and enrich the mother's own supply of milk. In this way both mother and child are benefited. Horlick's malted milk is also of great service in the surgical wards—as a nourisher and builder up before and after serious operations.

A cupful of this food forms an easily procurable, pleasant, and sustaining luncheon. It also makes a splendid "night-cap," recuperative, soothing, and conducive to restful and refreshing sleep. As an "all-round drink" nothing could be better, for it is a food as well as a drink. Athletes find it a good stand-by, and it is a most excellent "refresher" for the weary and overdone cyclist.

We have long regarded Horlick's malted milk as one of the best and most generally useful infant foods, and we see no reason to change that opinion.

ANGIER'S PETROLEUM EMULSION.

THIS perfect emulsion has, in its present palatable form, been before the medical profession since 1887. It is therefore in no sense a new or untried preparation, though it was only introduced into Great Britain in 1892. It has a cream-like appearance, is pleasant to the taste, is readily miscible with water, and can be tolerated even by delicate stomachs. The makers state that each fluid ounce of the emulsion contains $33\frac{1}{2}$ per cent. of petroleum purified by their own special process, 9 grains of combined *hypophosphites of lime and soda*, with chemically pure glycerine. So far as taste and flavour go, one could not certainly say that it contained petroleum, for there is no suggestion of that substance either to nose or tongue. Indeed, it is almost tasteless, for the makers have made no attempt at flavouring. This is one of its great advantages, for even the best emulsions of cod-liver oil are far from being either flavourless or tasteless. This, in the case of children especially, is a great drawback to the use of cod-liver oil emulsions; and even if tolerated for a time, they are apt, in the long run, to excite distaste. Angier's Emulsion, on the other hand, is well borne by delicate stomachs, and may be continued for long periods without

exciting distaste ; further, it does not cause eructations or repetitions. It does not appear to produce any toxic effects, or to disturb the digestion in any way ; it is also noteworthy that, no matter how long exposed to the air, no organisms grow in it. From experiments by Dr. White and Professor Kelly, it was shown that the emulsion is a solvent of considerable power, both of drugs and of animal substances, such as oils and peptones, which latter it also helps to emulsify.

One very marked result from the use of this emulsion in medicinal doses is an increase of weight. This appears to be a clinical fact which admits of no dispute. Now how is this increase of weight brought about ? Is the emulsion itself a food ? Petroleum is a true hydrocarbon, a "saturated" compound, consisting of carbon and hydrogen, united in an "open chain"—for we presume that the petroleum employed is American. Chemically, of course, it therefore belongs to the methane derivatives or fatty compounds, otherwise known as the aliphatic compounds. Such compounds are called "fatty" because the fats and many of their derivatives belong to this group. The fats proper are compounds of fatty acids with glycerine, and may be termed glycerides. The term *hydrocarbon*, as applied to fats proper by some authors, is wholly incorrect. But petroleum is not *fat* in any sense of the term, and because of this, and on purely theoretical grounds, many years ago we objected to its use in wasting diseases, as we could not see how it could possibly do any good. Extensive clinical experience, however, has proved that it *does* do good, and does increase weight. But if it is not a food, how are these undoubted beneficial effects produced ? Furthermore, the weight gained under its influence is much greater in proportion to the quantity taken than could be accounted for even if it were completely digested. The fact appears to be that its use causes an increased absorption of the finished products of digestion, such as peptones, chyle, &c., through the portal system to the general circulation, and thence to the tissues themselves. This increased absorption and more perfect assimilation leads, as an inevitable consequence, to an increase in weight. Another probable advantage of its use is that it tends to inhibit the growth of putrefactive bacteria, always present in the alimentary canal,

and lessens the risk of auto-intoxication. In this way it acts as an intestinal antiseptic.

It is unnecessary to enter fully into all the indications for its use. It has been used in phthisis in all its stages, and often with marked benefit, as it appears to help the stomach to retain, digest and assimilate nourishing food, and thus helps the body to resist the inroads of systemic infection, and lessens the hectic fever, night sweats, and diarrhœa so troublesome in advanced cases of phthisis. It is also of great value in other respiratory affections, such as subacute, but especially chronic, bronchitis; for the after-effects of pneumonia and influenza; and for various inflammatory diseases of the intestines, such as enteritis, colitis, infantile diarrhœa, &c. It is also a useful adjunct to the treatment of chronic constipation in a rational manner, *i.e.*, without the constant use of aperients. It may be used in all conditions of defective assimilation and its manifold results; this, indeed, opens up an almost illimitable field for its application, since defective assimilation is present in all states of chronic disease.

A few words as to the origin of petroleum in Nature may be interesting. This is one of those puzzles which have not yet been fully solved. One view is that it has been distilled by subterranean heat from the beds of coal, leaving a residue of anthracite. This view we think is quite untenable when one bears in mind that petroleum occupied fissures in the Silurian and Devonian strata of America long before the trees of the coal period were growing in their native forests (Hitchcock). Sterry Hunt is content to point out the enormous deposits of oil-bearing limestone in various parts of the United States. But this is hardly an *explanation*, though it may be a fact. What is the source of this oil? There are some facts recorded by the late Hugh Miller, the celebrated Scottish geologist, which may have some bearing on this point. He writes in one of his books of the great deposits of ancient ganoid remains in the North of Scotland. The ganoid order of fishes was once a very large one, but is now decadent, including only seven genera. The sturgeon is probably the best known example of the ganoids of to-day. In the deposits the original animal matter has been converted into a dark-coloured bitumen, which in some places, where the

remains lie thick, pervades the crevices of rocks, and has not infrequently been mistaken for coal. In some cases it forms a thick tar, which adheres to one's fingers like ordinary tar. In its more solid state it resembles black sealing-wax. This same geologist also records the finding in a sandbank of a skeleton laid bare by the encroachments of a river. Once upon a time a poor suicide had been buried there, and for a full yard beneath, the white dry sand was consolidated into a dark-coloured pitchy mass by the altered animal matter which had escaped from the body percolating downwards, in the process of decay. Some such explanation may account for Sterry Hunt's deposits of "oil-bearing limestone." Should the animal origin of petroleum be ultimately proved, it will lend an added interest to the use and beneficial effects of Angier's petroleum emulsion.

HONYMAN-GILLESPIE LECTURES.

DR. WHEELER recommenced his course of lectures on the *materia medica* on Monday, January 25, 1909, and will continue them on Mondays and Thursdays at 5 p.m., at 43, Russell Square, during the Spring term. Dr. Wheeler's lectures during the autumn term were well attended and much appreciated, and those of the present course bid fair to be no less interesting and instructive. Dr. Searson's clinics at the London Homœopathic Hospital also recommenced on Tuesday, January 26. Dr. Searson has at his disposal all the clinical resources of the Hospital, and is therefore able to show the efficacy of homœopathic treatment for a wide range of cases. He will continue his demonstrations twice a week, on Tuesdays and Fridays, during the Spring term.

ABSTRACT OF LECTURE ON SUNLIGHT IN RELATIONSHIP TO HEALTH AND DISEASE, AT CHALMERS HOUSE (BRITISH HOMŒOPATHIC ASSOCIATION), ON JANUARY 20TH.

By DUDLEY WRIGHT, F.R.C.S.

AFTER some preliminary remarks the lecturer first pointed out that numerous streams of force emanated from the sun. These were of the nature of vibrations of the ether, and

according to the effects produced on our senses, &c., they were called radiant heat, light, electric and chemical action. Slides showing the spectrum and the relationships of the various portions of the spectrum to the tissues of the body, as well as plants and lower organisms, were exhibited, and the subject of the action of light in inhibiting growth or its absence bringing about degeneration of the tissues was dwelt upon.

Slides showing various forms of solaria were next shown, and a set illustrating what can be done in this way in a suburban garden evoked much interest, as did some specimens of plants grown under the influence of sunlight—ultra-violet light and darkness respectively.

Next the lecturer described the action of coloured light, first taking the subject of red light in the treatment of small-pox, and showed how the success of this treatment was not due to the red rays, but to the absence of the rays at the blue and the violet end of the spectrum, which hastened the formation of pus in the small-pox vesicles. This was also the *rationale* of the action of red rays in preserving from the ill-effects of the sun those who were liable to sunstroke. It was the so-called actinic rays which did the harm in these cases, and if they were excluded by means of orange or red underclothing, and red lining to the hats, there would be an immunity from the evil effects of the sun.

The principle of treatment of disease by means of coloured lights was contrasted with this, being opposite in character, viz., by using only certain rays whose action was antipathic. Thus blue rays were sedative in their action and might be used with benefit in cases of cerebral excitement, and red rays were excitant and would improve melancholic conditions. The surroundings of our patients could be made more cheerful by orange or pink-coloured papers, or hangings, and in certain cases of neurasthenia with excited or over-sensitive conditions, green coloration was beneficial.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

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BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMŒOPATHIC REVIEW.

MARCH, 1909.

Editorial.

"NOW'S THE DAY AND NOW'S THE HOUR."

THE NEW NATIONAL HOMŒOPATHIC FUND.

Bis dat qui cito dat.

ON the 17th of this month, at 4 p.m., will take place at the Mansion House of the City of London the most important meeting of homœopaths ever held in this country, and, as is only fitting, that meeting will be under the presidency of the most important magistrate of that City.

The scheme to be inaugurated at the meeting is the outcome of some eight months of anxious thought and careful consideration on the part of those who are best qualified to say in what direction the energies of homœopaths can at the present time most profitably be directed.

THE INCEPTION OF THE PLAN.

Last summer Sir George Truscott consulted with the Honorary Secretary of the British Homœopathic Association as to the best steps he could take to promote the work of that Association during his occupancy of the civic chair, and suggested holding a public meeting at the Mansion House for that purpose ; but it was at once apparent that it was advisable to take advantage of the opportunity to obtain the support of a larger number of homœopaths than were then working

with the Association, and to start a scheme which, though embracing most of the objects of the Association, would prove too large to be managed by its Council as then constituted.

THE PROFESSIONAL MEETING AT EARL CAWDOR'S HOUSE.

In order that such should be likely to obtain the widest possible approval, a circular letter was sent in the autumn to representative medical and lay homœopaths inviting suggestions, and all the suggestions received were carefully considered at a meeting of homœopathic medical men held at Earl Cawdor's house under his presidency, to which as many as possible, having regard to the space available, were invited.

THE ENSUING LAY MEETING.

The conclusions arrived at by this meeting were further considered by a number of influential and representative lay homœopaths whom the Lord Mayor kindly invited to the Mansion House for that purpose, and resolutions were formulated as the result of these two meetings, which will be submitted for approval and confirmation to the public meeting on March 17.

THE SCHEME THUS FORMULATED.

Thus the scheme to be then inaugurated has already received the approval of those best qualified to judge of its merits and practicability, and its objects are so wide that it must of necessity, commend itself in part, at least, to everyone interested in homœopathy.

A National Homœopathic Fund is to be established to assist in the Support of Homœopathic Institutions in the United Kingdom, and in the Foundation, Maintenance, and Endowment of new Homœopathic Hospitals, Cottage Hospitals, Dispensaries, and other Institutions.

Among the objects which are embraced in the far-reaching scope of this great movement, a foremost place must be given to :—

PROVISION FOR HOMŒOPATHIC MEDICAL EDUCATION.

Without the systematic teaching of technical homœopathy, no enduring progress can be made. The lack of homœopathic medical men is one of the greatest hindrances to the progress of the system.

RESEARCH INTO THE PROBLEMS OF MEDICINE ON HOMŒOPATHIC LINES.

A vast amount of special investigation is urgently needed in connection with the devastating diseases of cancer, tubercle, and varied affections of microbial origin, from a homœopathic standpoint.

THE FOUNDATION OF HOMŒOPATHIC HOSPITALS FOR INFECTIOUS DISEASES.

These are a crying need of the homœopathic public. By their establishment, the efficacy of homœopathic treatment would probably be made as clearly evident as in the cure of any other form of disease.

THE ESTABLISHMENT OF SPECIAL CONVALESCENT HOMES.

Many medical men look upon this branch of the propaganda as of primary importance. The Homes should be in localities where they will be available for homœopathic patients in large areas. To the poor such homes would be an inestimable boon.

THE ESTABLISHMENT OF OPEN-AIR SANATORIA.

In conjunction with open-air treatment, homœopathy can show better results than any other medical system. Those sanatoria already in existence under homœopathy have proved most successful, but they are too few in number.

If these great objects can be achieved—and it rests with the enthusiasm and generosity of the believers in homœopathy to make them accomplished facts—a bright new epoch for the great system of medicine founded by Hahnemann will be inaugurated. Charitable effort and National weal will

receive a stimulus which will redound to the credit of the homœopathic public. Much remains to be done ere homœopathy reaches that position to which it is entitled from its merits as a stern foe of disease, and the pioneer of the new forces in medicinal practice ; but unity, determination, and hard work are the three cardinal virtues which alone will compel this triumph.

ADMINISTRATION.

The Fund will be administered by a governing body of influential laymen, to be appointed at the meeting, who will have power to take advice outside their own body on any point—medical, financial or otherwise—where it shall seem desirable to do so.

Applications for assistance will be entertained from such existing homœopathic institutions as desire to augment and supplement their own finance for a projected extension of work ; while in addition their supporters can, if they wish it, by subscribing through the Central Fund attain the additional guarantee of an independent body that their money is being laid out to the best advantage.

Towns or districts where there is every prospect of a homœopathic hospital being successfully carried on, but no immediate probability of sufficient available funds for its erection, can apply to the Central Fund for help in the form of subsidy, loan, or both. The opportunities of the Fund for good are in fact limitless, and its scope, as far as can be foreseen, wide enough to cover the possibilities of a rapidly growing homœopathy for many years.

THE OLD ORDER CHANGETH—

WHAT a great step forward, what an enormous gain for homœopathy, to advance from a miscellany of local "causes" to an integrated, far-reaching, nationalized establishment, administered for the benefit of the whole country! Every great institution has had to make this advance from a merely local to an imperial interest by the law of its being, or be hopelessly superseded as a decadent force. The great religious bodies, the missionary societies, the educational movements, the political parties, the social organizations, have all recognized that National organization spells National progress.

Take the homœopathic map of Great Britain. Most of the hospitals representing the principles of Hahnemann flourish south of the Thames. In this limited area is concentrated the majority of clinical institutions under homœopathic auspices. The Trent constitutes another limiting line; for North of the Trent there is only one homœopathic hospital. But the homœopathic hospital in course of erection at Southport will in due course make a second, these representing the whole northern half of England and Scotland to boot. How unequal the distribution, how meagre the supply! In the great northern manufacturing and mining districts, where homœopaths are by no means ill-represented, the great asset of our hospital usefulness to the people is, with the exception of Liverpool, entirely unworked. There is no propaganda like that of bricks and mortar: why should England wait?

In still more pointed manner these remarks apply to Scotland. How can our cause, or any other cause, thrive, divorced from the means of showing by outward and visible signs its enormous value to the people?

—GIVING PLACE TO THE NEW.

Picture to ourselves what a solid and abiding impetus would be given to British homœopathy by the constitution of

a capital fund of £100,000, which we trust will sooner or later be raised in response to the initiative of the Lord Mayor.

Every second year a new cottage hospital in a town of good dimensions could be initiated, the experience of the officials drawn on for advice in foundation, and the undertaking financed up to £2,000 as a loan or a free gift.

Every alternate year five grants of £200, as loan or as subsidy, could be made to homœopathic practitioners having a professional settlement under approved conditions.

Every year a grant of £250 could be made for professional lectures on the Theory and Practice of Homœopathy by our best and most experienced physicians, in University Towns possessing a homœopathic hospital, out of London.

Every alternate year for ten years a sum of £1,000 could be put by for a great Central Medical School building in London, where laboratories for research work, well equipped lecture rooms for academic lectures, a library and museum, and reading and writing room, provision for pharmaceutical advances and other activities, could all be carried on in one central building under one roof. When this building was paid for, £1,000 could be assigned each year for its upkeep and for the salaries of the professors and assistants engaged therein.

These or any variation could be carried on *in perpetuity*, making the internal development and the external extension of British homœopathy assured and certain for ever afterwards.

Most important of all, the progress would be distributed all over Great Britain. It is the provincial towns and the rural districts that call insistently for homœopathic aid and fresh homœopathic settlements. The need of homœopathic physicians relative to the demand is notorious, and like another great National interest, the tendency is for new homœopathic practitioners to resort to the larger towns, leaving Great Britain, outside these favoured localities, derelict.

There has just passed away from us one who, ripe in years, sagacious in counsel, retained his enthusiasm for homœopathy to the last. The Lord Mayor's Fund and scheme interested him deeply, and speaking on his deathbed to one of his colleagues on this new era for homœopathy, the veteran counselled, "Do not centralize too much!"

To what nobler or more useful cause could great benefactions be assigned! When we observe the princely donations to the Scotch Universities, to the Imperial Cancer Research Fund, to the Tuberculosis Sanatoria, to the projected Radium Institute, we are not left in doubt as to the sympathies of the British people for any effective agency that raises the standard of health, directly by remedial measures, or indirectly by education. That is the special object of the Lord Mayor's Fund—to make homœopathy a great cause, taking up National responsibilities, doing National work, and gaining National recognition. To achieve great ends we must not shirk great responsibilities; and that is why it is a clear call for all of us to support the Lord Mayor of London in the noble initiative he has taken, and to leave no stone unturned to secure the capital sum of £100,000 during his Lordship's Mayoralty.

Editorial Notes and News.

*. The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

Latency of Bacteria in the Body.

IF the views of Dr. Leonard Dudgeon, in his recent Horace Dobell Lecture, are correct, they will lead to a revision of our views on the question of infection. It is now becoming recognized that pathogenic bacteria may persist in the tissues for varying periods without causing any symptoms, but at any moment they may (a) leave their host to infect others, or (b) may for some unknown reason suddenly start into activity in the tissues of their host and work dire

disaster, and that, too, without any warning. The tissues of the human foetus are usually free from micro-organisms; hence they must enter the tissues soon after birth and persist throughout life. It is these organisms which are the cause of so many acute and chronic infections; in fact, auto-infection is now regarded as a common source of disease. Professor Welch many years ago drew attention to the presence of the *Staphylococcus epidermidis albus* as a normal inhabitant of the human skin, where it is found even after the skin has been rendered as clean as modern surgical methods permit.

* * * *

Some Pathogenic Bacteria. THE *Staphylococcus albus* is one of the most important organisms in peritoneal infections. It has been found frequently in the blood-clot in intraperitoneal hæmorrhage, and also in the peritoneal cavity in various acute infections. A staphylococcus has been shown to frequently occur in malignant growths, and has been described as the *Micrococcus neoformans*, but it appears to be merely the *Staphylococcus epidermidis albus*. Furunculosis is due to the *Staphylococcus pyogenes aureus*, and is, therefore, an example of auto-infection. Dr. Dudgeon thinks that acute osteomyelitis is due to auto-infection with the same organism. The *pneumococcus* is found in the saliva in 18 per cent. of normal individuals. It is also commonly found in the normal nose, and can often be cultivated from the tonsillar crypts. Diphtheria bacilli are often found in the throats of persons who have come in contact with diphtheria patients, but show no signs of the disease. The *Bacillus proteus* is found most commonly in the urine and intestinal tract, and may be a cause of bacilluria. This group of organisms persists in the urine for indefinite periods, and gives rise to attacks of so-called alkaline cystitis. In some cases, too, of chronic middle ear disease, the discharge contains this bacillus in pure culture. The *Bacillus coli* is a normal inhabitant of the intestinal tract. It is also the most constant organism met with in peritonitis, especially in the commonest variety—that due to appendicitis. It is also, at times, a cause of bacilluria, *e.g.*—during the course of typhoid fever.

Our Point of View.

WHILE we, as homœopaths, are bound to take knowledge of these facts, they need in no way discourage us or tie our hands from a therapeutic point of view. If micro-organisms are present in the tissues now, they have almost certainly been present from the commencement of time. In a very real sense it appears that a man's foes are they of his own household; but like everything evil, they must contain within themselves the elements of their own final destruction. That is a law of Nature to which there is no *real* exception, however numerous the apparent exceptions may be. The properly chosen homœopathic remedy will cure all the same, where cure is possible, microbes or no microbes. All this, however, shows us how important it is to watch for and oppose the beginnings; to keep the soil within sweet and clean, for if there is no traitor *within*, we need not fear foes from without, for there will be nothing on which they can get a footing. But not only must the physical side be kept pure, but the *mens* as well. *Mens sana in corpore sano* is a much hackneyed expression, but it is a defective one; it is dualistic in its philosophy. It seems to teach that the two are separate—something clean to be put into a clean receptacle; but that is not true, or at best, a half-truth. The true view is *Mens sana in corpus sanum*—the effect of a healthy mind upon the health of the body. In relation to human life, the dualistic theory maintains distinctiveness of nature belonging to body and mind. A consequence of this is the denial of continuity of being in natural history, as held under the more advanced form of the hypothesis of evolution. But this essential distinctiveness does not exist, and it is this grain of truth that underlies such grotesque absurdities as "Christian Science" and Spiritualism. To the former we have only two objections: (1) it is not "Christian," and (2) it has nothing to do with Science. In regard to the latter, we cordially agree with the late Professor Huxley, who said: "But supposing the phenomena to be genuine, they do not interest me. If anybody would endow me with the faculty of listening to the chatter of old women and curates of the nearest cathedral town, I should decline the privilege, having something better to do. And if the folk in the spiritual world do

not talk more wisely and sensibly than their friends report them to do, I put them in the same category." The so-called "faith-healing" is merely a re-statement in modern terms of the well-known "Trust in God, *and keep your powder dry.*"

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Bismuth Poisoning. THE poisoning was the result of the surgical use of a mixture of *carbonate of bismuth* and *vaseline*, in a case of suppuration, where the mixture was injected into

the abscess cavity. There was painful ulceration of the tongue, and a very foetid odour from the mouth. A bluish-grey line was noted opposite the central lower incisors, and more faintly as it disappeared along the margin of the jaw on either side. This rapidly spread along both gums, and back on to the soft palate and pharynx. The teeth became loose, the gums spongy and sore, and the breath very offensive. The bluish-grey line extended on both sides of and between the teeth, and on to the adjacent lips and tongue and cheeks. Ultimately, the whole under-side of the tongue and lips became quite black. The pulse was weak and rapid. Curiously enough, there were no stomach symptoms. The blue line on the gums makes one think of lead, while the other mouth and teeth symptoms would suggest mercury. While these three metals belong to different *groups* of Mendeléeff's *Periodic System*, still they are all (along with aurum) in the same *horizontal series*—the eleventh; in fact, they form the chief, and almost the only, elements in that series.

* * * *

Cholesterin versus Lecithin. HOFBAUER reports experiments in which *cholesterin*, the physiological opponent of *lecithin*, was given to gravid animals. He gave the *cholesterin* added to the food.

In every case there were destructive changes in the placenta, evidently the result of the action of the *cholesterin* on the *lecithin* which abounds in the placenta. The changes in the placenta resembled in every respect those observed in syphilitic placenta. This suggests the possibility of a uniform explanation of the various facts observed in regard to the action of *cholesterin*, the "physiologic antipode of *lecithin*,"

in syphilis and in cancer, the tissues in the latter being unusually rich in *lecithin*.

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Ferro-Silicon. THE importance of this substance has been recently emphasized by the death of five Russian emigrants on board the s.s. "Ashton" last December. The ship carried

a cargo of ferro-silicon. This is a substance manufactured by heating a mixture of iron ore, quartz, coke and lime in an electric furnace. It is used by steel-makers as a convenient method for the addition of silicon to certain grades of steel. Now, many minerals contain phosphoric acid and arsenic. Consequently, when such a mixture, as above described, is strongly heated, phosphides, arsenides, carbides, and silicides may be formed, and these may, under certain conditions, evolve phosphoretted hydrogen, arseniuretted hydrogen, acetylene and silicon hydride. On moistening some of the original substance it was found that the chief gas evolved was phosphoretted hydrogen; there was also a trace of arseniuretted hydrogen. Both these gases are very poisonous. Phosphoretted hydrogen is so poisonous that 0.02 per cent. of it in the air is fatal to small animals within half an hour. This gas was, no doubt, the main cause of death, and is the first occasion, in this country, in which deaths have been known to be attributable to this cause.

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The "Loco" Disease and its Cause.

THIS complaint occurs in animals upon certain ranches in America and Australia. The symptoms are partly gastro-intestinal and partly nervous, the end being more or less rapid death. *Post-mortem* examination reveals nothing characteristic, and the whole trouble is popularly attributed to ingestion of the "loco" plant. The latter appears to derive its name from the disease it causes, for "loco" in Spanish signifies "crazy," and applies to the behaviour of the poisoned animals, whose nervous disturbances seem to include delusions of space. That the plant is really the cause of the fatal poisoning has been shown experimentally by Dr. Crawford.

All previous attempts to isolate an "active principle" from the plants had been unsuccessful. So far as laboratory

investigations went, the plant appeared to be inert. When, however, the dried residue came to be carefully analyzed for its inorganic constituents, *barium* was found to be present in relatively very large amounts—76 to 173 milligrammes of *barium acetate* in every 200 grammes of dried plant.

Dr. Crawford next found that the feeding of rabbits upon repeated small doses of *barium* led to symptoms of acute or chronic poisoning like those of loco disease. Further, if the *barium* was removed from the preparations of loco plant, and an animal was fed upon the barium-free product, no harm befel it; whereas, if the *barium* was now re-introduced, the animal very shortly died.

It is not every loco plant that is thus rich in *barium*. Plants collected in some localities may be relatively free from *barium*, in which case animals can eat them with impunity. It seems obvious, therefore, that the occurrence of loco disease depends upon the prevalence of *barium* in the soil of the ranches over which the cattle graze, and that the metal is taken up by the plants which, upon ingestion, produce the toxic symptoms.

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WE confess that until recently we have regarded such a diagnosis merely as a cloak for ignorance, and as one where the "canny" practitioner might, should after-events show the necessity, execute a graceful and masterful change of base; a diagnosis of the type, "Heads I win, tails you lose," which, however *convenient* in practice, could in no sense be called scientific. Several epidemics, however, of "streptococcic or septic throats" during the past year, as well as several cases that have come under the writer's own observation, have led him to modify his former opinion, and to believe that even for the diagnosis "diphtheritic throat" there may be some rational pathological substratum. In one epidemic the symptoms were: A feeling of malaise, pains in the back and in the neck up to the occiput, sometimes violent headache, a rise of temperature, often as high as 104° F., sore throat with dysphagia, cervical glands enlarged and tender. One or both tonsils showed *creamy white secretion* with angry-looking areola or inflammation extending to the anterior pillar of the fauces,

and the *uvula* was often swollen and intensely *œdematous*. No Klebs-Löffler bacilli were found, but a plentiful growth of streptococci and staphylococci. The disease may be regarded as an infectious pharyngitis and tonsillitis. The exudate never extended over the soft palate or uvula. Another epidemic, at a private preparatory school, showed similar symptoms, and, except in one case (fatal), swabs from the throats showed Hofmann's diplococci and streptococci, but no Klebs-Löffler bacilli. There can be little doubt, we think, that our ordinary medicines, such as *apis*, *lachesis*, &c., would, as usual, be promptly effective in such epidemics.

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**Atropine as
a Cell
Excitant.**

DR. H. C. ROSS, pathologist to the Royal Southern Hospital, Liverpool, contributes to the *Lancet* of January 16 a paper showing how, while engaged in a research for another purpose, he observed an unsuspected influence of *atropine* on the white blood-cells. He was examining blood-cells when they were resting on agar jelly, which contained, besides *sodium citrate* and *sodium chloride*, some Unna's stain. To this jelly, on one occasion, he added some *atropine sulphate*, with the object of killing the leucocytes, but instead of killing them he found that the *atropine* stimulated them to great activity. At first, when examined by the microscope, the leucocytes flowing over the surface of the agar jelly were perfect spheres, but in about two minutes pseudopodia were suddenly extruded, the granules of the leucocytes at the same time becoming stained red, showing the entrance into the cells of the staining material in the agar. The leucocytes became more active, all of them extruding and retracting long tentacle-like pseudopodia. After fifteen minutes the nuclei of the leucocytes began to become stained, and soon after this event the cell died. He found that both the stain and the *atropine sulphate* were factors in the cell excitation, which was favoured by the presence of heat and alkali in certain proportions, and although a certain amount of excitation took place if the jelly was neutral when only the stain was present, yet when the jelly was alkaline excitation took place only when the *atropine sulphate* was also present, showing that it was then an essential factor. This activity of the leucocytes in the presence of

atropine is of interest in connection with the value of *bella-donna* in suppurative wounds, as recorded by Dr. Cooper in a paper published in a recent issue of this Journal. It would seem that *atropine* has the power of greatly increasing the phagocytic activity of the leucocytes, and probably in the proportion of *atropine* present in the solutions we use, this is effected without causing their subsequent death.

* * * *

**The Blood of
Cancer Patients
a Cell Excitant.**

STILL more interesting and suggestive is the paper read before the Royal Society of Medicine on November 24, 1908, by Dr. H. C. Ross and Dr. Chas. J. Macalister. They show that the blood plasma of cancer patients has, on the leucocytes of healthy persons, a similar exciting action to that which was seen to result from *atropine*. The cells were stimulated to thrust out pseudopodia in all directions. The plasma from persons suffering from diseases other than cancer had no such exciting influence on the leucocytes of healthy people. They found this difference in the action of the blood plasma in cancerous and non-cancerous patients to be so constant that they recommend it as a means of diagnosis in doubtful cases. They draw the conclusion that there is present in the blood of cancer patients a substance resembling an alkaloid, which is an excitant to the white cells, and suggest that in parts where there is an excess of blood or chronic hyperæmia present, as in sites of injury, this substance may be able sometimes to stimulate the cells to the abnormal cell mitosis which is the characteristic of morbid growth. This alkaloid-like substance, they think, may be the cause of the cancerous cachexia, and arise from an altered bodily chemistry, so that very possibly cancer is really a disease of metabolism, of which the malignant growth is but an outward manifestation. They instance the frequency of such antecedents of cancer as mental shocks or prolonged mental worry, of diseases of the influenza type, and of a diminished acid secretion function of the stomach, as supporting the idea that disordered metabolism, leading to the production of an abnormal substance which circulates in the blood, is the cause of cancer.

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**The Induction
of Tolerance
for Drugs.**

THE well-known fact that the tissues of the human body can acquire a tolerance for drugs has been shown by Professor Cushing to be paralleled in the case of animal parasites which are the cause of disease. He made experiments to determine the resistance of the trypanosome of sleeping sickness to drugs such as *arsenic* and *antimony*. He found that a proportion of 1 in 200,000 was sufficient to banish the parasite. Thus, 1 milligramme of *antimony* destroyed the parasites in a 200-gramme rat; but the trypanosomes were not permanently destroyed, and in course of time returned. They returned as often as they were banished, and at shorter and shorter intervals, and finally a race of antimony-resistant or arsenic-resistant trypanosomes was produced which could withstand any amount of these drugs which the host could survive. Trypanosomes of this drug-resisting type could be propagated from rat to rat, but if injected into a different species, such as the mouse, again became non-resistant.

The acquirement or tolerance for one drug did not connote tolerance for any other; the antimony-resisting trypanosomes succumbed to *arsenic* and *vice versa*. This ability of parasites to acquire immunity to a drug would explain why *quinine* loses its power in chronic cases of malaria; it would also, in Dr. Cushing's opinion, justify the practice of polypharmacy, as few parasites could withstand the combined attack of all the drugs inimical to them. We are not sure that this last conclusion necessarily follows, as Dr. Cushing's experiments do not so far appear to have demonstrated the impossibility of an animal organism acquiring immunity to two or more drugs at the same time, and the question as to what it is that determines whether a long-continued drug shall produce a cumulative or poisonous effect, or a condition of acquired immunity to its action, is one to which we at present have no answer.

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**Tuberculous
Milk.**

THE Royal Commission on Tuberculosis have, in their third interim report, decided the vexed question as to the purity of the milk from cows that are tuberculous, but whose udders are healthy. They found that the milk of cows

with no tuberculosis of the udder, but with plain clinical symptoms of tuberculosis, such as cough and emaciation, contained tubercle bacilli whether the milk was obtained by ordinary milking or was withdrawn from the teat by means of a sterilized catheter. They consider such milk dangerous for human beings.

They also examined the fæces of tuberculous cows, and found tubercle bacilli to be present in them in every case, and, where the disease was at all marked, to be very abundant and virulent. They conclude that tuberculous cows should be excluded from the shed in which healthy cows are milked, as some of the tubercle bacilli which escape from their bodies in the excrement are almost certain to find their way into the milk.

* * * *

GREAT public interest has naturally been
Sir F. Treves excited by Sir Frederick Treves' lecture on
on Radium. "Radium in Surgery," delivered at the

London Hospital on January 26, through its having been freely reported in the daily papers. It is natural that the mysterious, and yet little understood, properties of this substance should excite curiosity and wonder; and, as usual, it is popularly expected to prove a patent heal-all for cancer and other maladies. Nevertheless, Sir Frederick Treves spoke with studied caution and reserve, and the popular Press will find little to support their too sanguine hopes from his words. Although British scientists are well in the front with notable discoveries, in the practical application of these we lag far behind other nations. So in the case of radium, after its discovery by Curie, Sir William Ramsay investigated its properties sufficiently to indicate its possibilities for experimental test in the body. But nothing has been done until now to develop these possibilities in England, except by a few private persons on a small scale. However, in Paris for some years there has been an Institute established for the public treatment of suitable cases by radium. It was chiefly from this Institute that Sir Frederick Treves obtained the valuable evidence of its efficacy in various diseases, which he described at the London Hospital.

* * * *

Radium in Surgery.

THE sphere of usefulness of radium now seems to be fairly well defined, and its value firmly established, as a remedy in external neoplasms. The experience gained in Paris led Sir Frederick to advocate its use in angiomas, including the port-wine stain, and especially in nævus. Large pigmented and hairy moles, practically incurable by other means, yield readily to radium. In lupus also it has given excellent results. It immediately cures itching of the skin, whether from eczema or other causes. Chronic local eczemas disappear permanently under its use, after a few applications of varnished silk faintly impregnated with a dilution of radium. Keloids from wounds will vanish, also the disfiguring acne keloid readily yields to radium. Lastly, rodent ulcer and epitheliomata—especially of the tongue—are being undoubtedly cured at the Paris Institute. The method by which radium has been applied in most of these cases is by powdering a minute quantity on a disc or plate, and protecting this by a special varnish. By thus multiplying its surface far greater effects are obtained by minute quantities than would be possible were it confined in a glass tube. The parts to be protected are covered by a thin aluminium plate which cuts off the alpha rays, and less effectively the beta and gamma rays. These results are apparently permanent, but the time is too short for certainty on this point. However, one case of epithelioma of the face has remained sound after two years.

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Radium Emanations.

THERE can be no doubt from these facts that we have a very potent curative agent in radium. Although most of these superficial maladies have yielded in some cases to X-rays, or Finsen light rays, in its selective action on angiomas, and its having cured epitheliomata where X-rays had failed, we have proof that the powers of radium exceed those of the various rays previously known to us. But the most extraordinary circumstance about radium, and one which is not only entirely new to us, but which is, perhaps, most pregnant with suggestion for the future, is the power it has of

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imparting radio-activity to any substances brought near it. These emanations appear to form a film of invisible phosphorescence on adjacent bodies, which can be transferred by contact from one to another, and can be dissolved in water and injected into the tissues of animals. It is said that such injections cured an abdominal cancer which had been artificially produced in a mouse. Sir Frederick Treves mentions the curious fact that when such injections of radio-active water are made hypodermically, a peculiar scar with some pigmentation of the surface is formed of a totally different appearance from any scar that had ever come under his observation.

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**Radium and
Homœopathy.**

So far as the effects of radium externally applied have been observed, as briefly referred to in the preceding paragraphs, there is nothing to show that radium is more than a very powerful and penetrating caustic. It remains to be shown—and we hope that the new Radium Institute will throw light upon the point—whether the new substance is no more than this, or whether it will prove to be a new healing force in disease. And it is here that the value of homœopathic methods becomes evident. We know that the healing powers of every substance in disease are limited by the effects it can produce in healthy persons. Surely no drug deserves a more thorough testing and proving, according to the methods laid down by Hahnemann, than radium. Our readers will remember the admirable paper on “Radium as an Internal Remedy,” by Dr. John H. Clarke, read before the British Homœopathic Society in March of last year. This summarized all that had been done by homœopaths in studying and testing the new remedy up to that date. The provings and cases there described were pregnant with suggestions for future investigation. We trust that any of our readers who have been using radium internally will keep a careful record of their cases, and in view of the great public interest now aroused, and the importance of the subject, send us accounts of their results. The scheme prepared by Dr. Clarke¹ gives

¹ *Journal of the British Homœopathic Society*, April, 1908.

clear guidance as to the conditions and symptoms most likely to be relieved by radium internally. But far more provings are required to establish the usefulness of the drug on a firm homœopathic basis. These should include provings of the emanations of radium, either from solutions in spirit or water, or of triturations of sugar of milk after exposure to radium, as distinct from those of radium proper. For there seems good reason to believe that their properties, homœopathically, are distinct, and they are probably different in their action in the body.

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**The Value of
Cocaine in
Cancer.**

IN the *British Medical Journal* for January 30 occurs an account by Mr. Robert M. Gilchrist of fourteen cases of cancer in which he had used *cocaine* internally. The doses given were from $\frac{1}{8}$ to $\frac{1}{4}$ grain every three hours. Most of the cases were inoperable and apparently hopeless, several being recurrences after operation. In summarizing his results, it is said, general constitutional improvement occurred in every case, even if only for a time. In the relief of pain, in the author's opinion, *cocaine* is unrivalled, and has none of the objections which attend the use of opiates. In every case of uterine cancer in which hæmorrhage was a prominent symptom, the administration of *cocaine* immediately stopped the bleeding, usually stopping it entirely. In most of the cases the treatment appeared to have a decided effect in retarding growth in the tumours, whilst in three early cases of breast swellings, and in one threatened recurrence after the removal of an epithelioma of the lip, the troubles vanished and the patients appear to be now in good health. It is thought that cancer cases can take *cocaine* in larger doses with impunity than can healthy persons. Where feasible, the external painting with a solution of *cocaine* is also recommended. Nothing is said as to the danger of establishing a drug habit in those cases which survived, or whether increasing doses became necessary as the disease progressed.

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Muscarine Poisoning. MUSCARINE is the alkaloid of one of the poisonous mushrooms, *Agaricus muscarius*.

The symptoms of poisoning in man commence with marked increase of the saliva, soon followed by lachrymation and excessive perspiration. Next follow nausea, retching and vomiting, pain in the abdomen, and increased peristalsis, causing profuse watery evacuations. The pulse is quickened, or slow and irregular, the pulse tension much diminished. The pupil is contracted and the sight accommodated for near objects. The respiration may be quick and dyspnoëic, and râles, denoting mucus in the bronchi, occur. Giddiness and confusion of ideas are complained of, and eventually the respiration becomes slower, and great muscular weakness comes on, but consciousness remains more or less perfect till breathing ceases.

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**Its
Physiological
Action.**

THE salivary and lachrymal glands, the mucous glands of the alimentary and respiratory tracts, the gastric secretory glands, the pancreas, probably the intestinal glands, the sweat glands, and the ceruminous glands of the ears, are all stimulated to increased activity by muscarine, which stimulates the terminal fibres of the secretory nerves of all these structures. It also stimulates the terminations of the pneumogastric in the muscular coats of the stomach and intestines, whence result the vomiting and increased peristalsis. It similarly seems to stimulate the nerve terminations in nearly all unstriped muscle, except that of the blood-vessels, and therefore the spleen, bladder, bronchial muscles, and possibly the uterus are contracted, the pupil becomes narrowed, and the ciliary muscle contracts so that the lens is accommodated for short distances. In all these directions its action is directly opposite to that of atropine, which paralyzes the terminations of the nerves which muscarine stimulates. Muscarine also stimulates the terminations of the inhibitory fibres of the vagus in the heart, and so produces slowing and eventually standstill. In this sphere also it is directly antagonized by *atropine*. *Atropine* is, therefore, a perfect antidote to muscarine poisoning. Whether muscarine has any action on the central nervous system is not very certain;

probably it has some action on the lower portion of it, and the brain may become anæmic secondarily to the circulatory effects.

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**An Absurd
Verdict.**

WE have drawn attention to the symptoms of muscarine poisoning and its physiological action on account of a case that was brought before the Liverpool City Coroner on December 23, 1908. It appears from the report in the *Liverpool Courier* of December 24, that a Mr. Gilman, aged 33, had for some time felt out of health, and went away for his annual holiday in September. While away he was troubled by gnat-bites, and to allay the irritation produced by them he used an *agaricus* lotion which was given to him by a friend who had himself procured it from Mr. Marples, a homœopathic chemist. Mr. Gilman's wife also used the *agaricus* lotion several times. He was no better for his holiday, and returned home at the end of September. There was no evidence that any of the lotion had been used after returning home. By October 30, a month later, he seemed so ill that a medical man was called in. This doctor, being puzzled, called in Dr. Abram in consultation. At this time the patient was suffering from jaundice. On November 27 Dr. Nathan Raw was called in, and on December 6 Sir James Barr also saw him, when he was suffering from marked multiple neuritis. On December 10 the patient died. None of these doctors could find out the cause of the illness, but, being told about the use of the liniment, they came to the conclusion that the case was one of muscarine poisoning. This opinion could not have been formed from a consideration of the symptoms present, for no one thought of it until the matter of the *agaricus* lotion had been mentioned; they were completely nonplussed in their diagnosis, and, like drowning men, caught at the first straw. The absurdity of concluding that the external application of an *agaricus* liniment could cause death more than two months afterwards, without any symptoms of muscarine poisoning occurring at the time or within a month, did not deter them, nor did the fact that jaundice and neuritis are not amongst the symptoms usually displayed by muscarine.

At the inquest, Dr. Nathan Raw, who made the *post mortem*, confessed that he had found nothing which could lead him to any positive conclusion as to the cause of death, and that there is no case on record in medical literature of anyone dying from the external application of muscarine. All he could say was that the *post mortem* was "compatible with appearances which are described as muscarine poisoning." Notwithstanding the want of any evidence to show that death could possibly have been due to this cause, and in spite of the evidence given by Dr. A. E. Hawkes that as much as 200 drops of this lotion had been given internally without any permanent effect, the jury, overborne by the opinion of the medical specialists, returned a verdict of "Death due to misadventure, brought about by the use of muscarine poison."

As the reputation of Mr. Marples, the homœopathic chemist, was to some extent at stake, and as there seems to have been a certain amount of *odium medici* imparted to the case, we think it would have been well if the services of an able barrister had been secured to watch the case on behalf of Mr. Marples. He would have been able by a few pertinent questions to have shown the true worth of the confident statement of some of the eminent specialists that the patient died of muscarine poisoning.

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**Vaccine
Treatment of
Typhoid Fever.**

THE *Medical Record* for January 16 contains an interesting record, by Drs. V. H. Walters and C. A. Eaton, of the treatment in the Massachusetts Homœopathic Hospital of thirty consecutive cases of enteric fever by vaccines. The vaccines were administered by subcutaneous inoculations made into the tissue overlying the biceps muscle, and consisted of a stock emulsion of *Bacillus typhosus*, standardized, and sterilized by moist heat at 60° C. for twenty minutes, and by 0.3 per cent. *lysol*. The cases were unselected, and the same treatment was given at whatever stage the disease had reached—viz., the injection of 25 m of the vaccine, which was repeated or not after a few days, as circumstances might require. In most cases there was an immediate improvement both in the patient's general condition and in

a lowering of the temperature. In some cases only one vaccine injection was required; in most cases two were given, the second one after the lapse of four or five days usually; in other cases three or four inoculations at intervals of several days were administered. The results were very favourable. Only two deaths occurred in the thirty cases, a mortality of only 6.6 per cent.; and in one of the fatal cases the patient was practically beyond help when the treatment was commenced. The best cases seemed to be those which exhibited a slight negative phase, as witnessed by rise of temperature, immediately after the vaccination; these cases exhibited a progressive improvement, and often no second inoculation was required. In no instance did any injurious effects result. In only three cases did positive benefit fail to occur.

It is an instance of the *rapprochement* which is taking place between the two schools in Boston that this record of work done in a homœopathic hospital should appear in an allopathic medical journal. We notice, however, that no mention of the essential homœopathicity of the vaccine treatment occurred in the report.

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The Emmanuel Church Movement.

In our last issue we devoted a couple of paragraphs to this movement in Boston, and emphatically expressed our opinion that no patient should undergo treatment by this psycho-therapeutic method without being advised to do so by competent medical advice. We are glad to see, therefore, that an advisory medical Board to the clergy of the Emmanuel Church movement has been formed, which has drawn up the following rules, and that the rules will be adopted by the Emmanuel clergy:—

- (1) No person shall be received for treatment unless with the approval of, and having been thoroughly examined by, his family physician, whose report of the examination shall be filed with the minister's records.
- (2) No patient shall be referred for diagnosis or treatment to any specialist or assistant, save with the advice and consent of the patient's own physician.
- (3) All patients who are not under the care of a physician must choose one and put themselves in his care before they

can receive instruction at Emmanuel Church. To those who ask for advice in this choice there shall be handed a printed alphabetical list of all the general practitioners (internists) attached to the visiting and out-patient staffs of the Boston City Hospital, the Carney Hospital, the Homœopathic, and the Massachusetts General Hospital.

These rules seem to sufficiently safeguard the medical profession. But what about the theologians? They do not seem to be quite comfortable, for we are informed that the Boston Congregational Club have held a meeting on the subject and condemned the movement, one speaker protesting "not only in the name of truth, but also in the cause of human progress, against the type of ethics which grows out of this sick-room religion." We suspect that the movement will hit the clergy harder than the doctors, and is likely to cause them much heart-searching.

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**Westboro'
Insane Hospital
Reports.**

THE Westboro' Insane Hospital, U.S.A., is under homœopathic management, and the recent report of this Institution records very favourable results. Statistics of admissions and discharges for the last five years are issued, by which it appears that of 767 cases 354 were sent out recovered, a total of 46 per cent. The report also shows a shorter duration of hospital residence in succeeding years. In the first year the duration of residence in hospital for recovered patients was 6·76 months; second year, 5·96 months; third year, 5·67 months; fourth year, 5·48 months; and the fifth year, 3·47 months. Besides homœopathic medication, the applications of continuous neutral baths and open-air treatment have contributed to these favourable results.

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**Dr. Black
Noble**

WE regret to announce the death of Dr. Black Noble, who has for many years been in medical practice at Kensington, and was much esteemed by a large circle of friends and patients. He was a member of the British Homœopathic Society till a few years ago, when he resigned, but rejoined it last year. He died on January 18 from heart disease.

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Homœopathic Lectures.

THE forward movement for the spread of homœopathy is being actively carried on, not in London alone, but also in the provinces. Dr. C. E. Wheeler went to Leicester and gave a speech on Vaccination at the Annual Meeting of the Leicester Cottage Hospital on January 28th. He is also going to deliver a lecture on "Tuberculin and its Relation to Homœopathy," at Folkestone, in the immediate future. Dr. Day, too, is lecturing at Croydon on February 26, and will take for his subject "Homœopathy Amongst the Children." All this good work cannot fail to win adherents to our system of medicine, and should bring fresh support for the effort the Lord Mayor is so zealously making to extend homœopathy, and to assist its finances during this, his year of office.

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The Cause at Southport.

WE are able to announce that the Right Hon. Countess Cawdor has kindly consented to accept the office of President of the Ladies' Guild of the Southport Homœopathic Cottage Hospital, and we are sure such distinguished patronage will be of great assistance in stimulating public support for this Institution. The building is estimated to cost £6,000, of which sum only the half has as yet been contributed. The Hospital will contain beds not only for the sick poor, but also for paying patients of the middle-class. We consider this to be a step entirely in the right direction, and are confident that it will be a means of extending an interest in homœopathy amongst an important stratum of the community. Our Southport friends are doing good in another way; they are starting a Southport British Homœopathic Reading Club, which will supply books and pamphlets as well as news regarding homœopathy to the Southport public. No better means could be employed to dispel the ignorance of homœopathy that so commonly prevails.

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Ladies' Branch of the B.H.A.

WE are glad to learn that the Ladies' Branch of the British Homœopathic Association had on December 31 completed the task they set for themselves more than six years ago, and now have invested a sufficient amount to

enable them to send biennially a scholar to study the diseases of women and children in the great Continental clinics. We should have thought that they would have been content to rest on their laurels, at all events for a short time. Not so! The Committee decided to found a Homœopathic Dispensary at St. Clement's, Notting Dale, one of the poorest districts in London, and thanks in great measure to the energy and devotion of the Hon. Secretary, suitable premises have already been taken at 20, Kenley Street, and the necessary alterations have been made, a medical man, dispenser, and lady manager secured, and sufficient funds have been raised to enable the dispensary to be opened on or about March 1.

£150 is the estimated cost of the first (the heaviest) year's working, of which about £100 has already been received or promised. We feel sure that our readers will be glad to have the opportunity of supporting such excellent work so energetically carried on. Subscriptions and donations may be sent to the Hon. Secretary, Mrs. Henry Wood, 32, Clanricarde Gardens, W.

Original Articles.

THE LAW OF SIMILARITY EXCLUSIVE IN THERAPEUTIC SCIENCE.¹

By EDWARD MAHONY, M.R.C.S.ENG., L.S.A.LOND.

MR. PRESIDENT AND GENTLEMEN,—There are, I believe, two mental processes which practically include the entire way in which the human mind can reach truth in all the various spheres of true science, and these two processes are the synthetic and the analytic. Correlative with these is geometric reasoning as given us by Euclid, and then, as you are aware, the motto of our profession is *Ars medica est tota in observationibus*.

Now, gentlemen, in considering the great law of similarity in its application in the therapeutic sphere we shall find that Hahnemann very distinctly applied to its elucidation synthesis,

¹ Read at the Northern Counties Therapeutic Association, Leeds, January 7, 1909.

analysis, Euclidean reasoning and observation, and, as a result of most careful and laborious investigation and tremendous industry, having most gigantic capabilities—it has been said that for forty years he spent every third night in literary labour—he brought to light the glorious fact that the science of healing was a true science of correlated facts, in themselves as certain as any other scientific facts whatever, and facts of every-day use at the bedside, apart from all theories whatsoever. I desire to emphasize this at starting, because the remarkable character of his great discovery of the law of potentization, and the fact that at present there is no way of proving its virtue at all equal to the sensibility of the human frame, have led many to the idea that the law of potentization was a vagary of his later years, founded on no evidence whatever; whereas, he himself says of it, “the peculiar mode adopted for the preparation of homœopathic remedies enables us to develop the medicinal virtues of a drug into a series of degrees of potency, and by this means to adapt the remedial influence of the drug with great precision to the nature of the disease Their medicinal properties exist in a latent state and may all be developed to a high degree by the peculiar mode of preparation prescribed by homœopathy This discovery is due to homœopathy.” Thus you see he recognized dynamization as an integral part of the whole science of therapeutics.

Now for his combined observations and reasonings; first, you will understand that on account of the immensity of the subject, and the short time at my disposal, I can do little more than hint at his great propositions, and recommend to the earnest, thoughtful, and patient perusal of any who have not yet studied them, the first volume of the *Chronic Diseases* and the *Organon*, and also any works you may come across by Von Boenninghausen, whose works are pure gold, and the outcome of some forty years of diligent clinical observation. Reckoning on your kindly consideration on this point, I will now briefly state some main facts and instructions. First, Hahnemann distinctly taught that disease is in its primary essence immaterial, or dynamic, proving this by the fact, among many others, that the most serious diseases, even ending in death, had their origin in something immaterial, *e.g.*, sudden

and heavy sorrows, fright, superstitions, &c., &c., &c. This is, on the face of it, a most important point to be borne in mind in the consideration and treatment of all diseases, and explains why so constantly in the provings of medicines and their selection, when more than one seems indicated, the mental and moral symptoms take the first place in importance; also it throws light on the undoubted fact that the *material* symptoms present, such as swellings, hardenings, softenings, disfigurations, eruptions, must all be regarded as outcomes of a disordered vitality in the background, and hence such a disease as pneumonia, *e.g.*, might in half a dozen cases, each having the general symptoms of crepitation, heat, thirst, dyspnœa, nevertheless each require a different medicine—because the subjective symptoms, such as restlessness or the reverse, direction and character of pain, &c., were different. Hahnemann states, to pass on, that there are only three possible modes of cure: (1) By contraries; (2) by similarities; (3) by some other, commonly known as allopathic. He proves that (1) and (3) contraries and allopathic, are erroneous; (1) because it is necessarily followed by reaction aggravating the original trouble, of which fact both the profession and the public have numberless undoubted proofs, as opiates against pain, purgatives against constipation, diaphoretics against absence of perspiration, *quinine* in malaria, and so on. No. 3 is proved unsound because its energy is directed against one symptom only, consequently only to a small part of the whole, and then comes, after temporary amelioration, an increased aggravation, two sufficiently good reasons for rejecting this mode of treatment. Therefore, says Hahnemann, physicians should have inferred “that the true radical healing art must be found in the exact opposite of such an antipathic treatment of the symptoms of disease.” Hence, by the Euclidean reasoning of the *reductio ad absurdum* argument, we are reduced to the law of similarity as the only possible mode of cure. There are many other proofs given, such as that in cases where one disease of a *different kind* attacks a patient already diseased, the stronger of the two will run its course first, and when it has finished the weaker one will have its turn; whereas, if there be similarity in the two diseases the one will cure the other. As an instance of the first he quotes, “that the plague

of the Levant, according to Larry, does not break out where scurvy is prevalent, and persons suffering from eczema are not infected by it. Rachitis, Jenner alleges, prevents vaccination from taking effect. Those suffering from pulmonary consumption are not liable to be attacked by epidemic fevers of a not very violent character, according to von Hildenbrand." Where, however, two diseases, differing, it is true, in kind (note this, gentlemen), but very similiar in their phenomena and effects, and in the sufferings and symptoms they severally produce, invariably annihilate one another whenever they meet together in the organism, the stronger disease namely annihilates the weaker by reason of its similarity of action involves precisely the same parts of the organism that were previously affected by the weaker morbid irritation. He instances small-pox, which so often causing violent ophthalmia has been known to cure chronic ophthalmia permanently; other illustrations follow. It is to be noted in passing, that he takes all his proofs either from what occurs in Nature without intrusion from man, or from the classical writings of the orthodox school, a sufficiently convincing proof that he was conscious of the firmness of the ground on which he stood, *i.e.*, Nature and the evidence of the opposition, however unconscious they may have been; and it may be added that he is careful to give credit where credit is due to others, from Hippocrates downwards, referring favourably to Stahl, Halle, Huxhan, Rau, and others; a further proof of the *mens sibi conscia recti*—he could afford to be generous. A short quotation here from each edition of the *Organon* will further give a glimpse into Hahnemann's own mind, progressively. In the preface of the first edition, he says: "According to the testimony of all ages no occupation is more unanimously declared to be a conjectural art than medicine, consequently none has less right to refuse a searching enquiry as to whether it is well founded than it, on which man's health, his most precious possession on earth, depends. . . . I am the only one in recent times who has subjected it to a serious honest investigation, and has communicated to the world the results of his convictions in writings published, some with, some without, my name. In this investigation I found the way to the truth, but I had to tread it alone, very

far from the common highway of medical routine. The farther I advanced from truth to truth, the more my conclusions (none of which I accepted unless confirmed by experience) led me away from the old edifice which, being built up of opinions, was only maintained by opinions. The results of my convictions are set forth in this book. . . . I must warn the reader that indolence, love of ease and obstinacy, preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations—the practice of the true system of medicine.”

Then in the second edition : Physicians are my brethren. I have nothing against them personally. The medical art is my subject. The true healing art is in its nature a pure science of experience, and can and must rest on clear facts and on the sensible phenomena pertaining to their sphere of action, for all the subjects it has to deal with are clearly and satisfactorily cognizable by the senses through experience. Unaided reason can know nothing of itself (*à priori*), can evolve *out of itself alone* no conception of the nature of things, of cause and effect ; *everyone* of its conclusions about the actual must *always* be based on sensible perceptions, facts and experiences, if it would elicit the truth. . . . In the pure *sciences of experience*, in physics, chemistry and medicine, merely speculative reason can consequently have no voice ; then, *when it acts alone*, it degenerates into empty speculation and phantasy, and produces only hazardous hypotheses, which in millions of instances are, and by their very nature must be, self-deception and falsehood.” He ends the preface here with saying, “It remains to be seen if, by my conscientious labours, in this way the true healing art has been found.” This was written from Leipzig, end of the year 1818.

Then in the third edition : “In the five years since the publication of the second edition, the truth of the homœopathic healing art has found so much acceptance from physicians, far and near, that it can no longer be obscured, still less extinguished, by abusive writings, of which, however, there is no lack. . . . In this third edition I have not refrained from making any alterations and emendations suggested by increased knowledge and necessitated by further experience.”
Köthen, Easter, 1824.

Fourth edition: "What has hitherto been termed 'healing art' was a mere (imperfect) imitation of those unhelpful, useless, not infrequently injurious efforts and operations of the instinctive, unreasoning vital force (misnamed Nature) when left to itself in disease. It will, I think, be conceded that before me the true healing art was not discovered. But that homœopathy is this healing art, which had hitherto been sought for in vain, its fundamental principles teach, its performances prove." Köthen, January, 1829.

Fifth edition. Here he insists on the fact "that the diseases of man are solely spirit-like (dynamic) derangements of the spirit-like power (the vital force) that animates the human body; hence homœopathy employs for the cure ONLY those medicines whose effects in altering and deranging (dynamically) the health it knows *accurately* and from these it selects one whose pathogenetic power (its medicinal disease) is capable of removing the natural disease in question by similarity (*similia similibus*), and this it administers in simple form but in rare and minute doses . . . an apparently easy but actually troublesome and difficult business." Köthen, March 28, 1833.

These short extracts convey to us a very distinct impression of the path of a pioneer: he "had to tread it alone," the result had been "convictions," the path itself being such as required "only freedom from prejudice and untiring zeal," the subjects "medical art," the thing itself "a pure science of experience," correlative to other sciences as "physics and chemistry"; then after results had been announced there was the twofold encouragement of being in the truth, namely, "acceptance from physicians far and near" and "abusive writings of which there is no lack," then when he reaches the fourth edition he can write "that homœopathy is this healing art, which had hitherto been sought for in vain, its fundamental principles teach, its performances prove."

Finally, he insists on the surely self-evident fact that the diseases of man being solely dynamic derangements of the vital force, for their cure must be employed *only* those medicines whose dynamic effects are known accurately. It is plain that Hahnemann was as certain he had reached the shore of the therapeutic sea, as Columbus was sure he had

discovered the new Continent of which he was in search when first he discried land after continuous sailing due west ; or Sir Isaac Newton that he had discovered the great law of gravitation after duly pondering in his gigantic mind over so simple an every-day act as that of an apple falling from a tree ; and the possession of the truth in each case would enable each pioneer to estimate at its true worth the opposition, whether that of dense ignorance or wilful blindness, and to discern also all *subtle* opposition of which there was, and still more now is, abundance, craftily introducing homœopathic truths and practices by other names, of which more anon if time permit. Some notes that are appended to these prefaces are worthy of note also. First comes a quiet sarcasm. "The experienced allopath delights to invent a fixed name, by preference a Greek one, for the malady, in order to make the patient believe that he has long known this disease as an old acquaintance, and hence is the fittest person to cure it," *apropos* of languages, touched upon in this remark. Hahnemann elsewhere calls attention to the learning of the ancient Arabian physicians, as also to the Hebrews in referring to certain statements as to leprosy in the Books of Moses, thus giving further proofs that he surveyed the whole scene of both history and languages, and was ready to cull whatever was of worth without minding names or prejudices whether moral, physical, historical, or scientific, truly possessing the open mind so much talked of in the present day. In another note he says : "Homœopathy sheds not a drop of blood, administers no emetics, laxatives, or diaphoretics, drives off no external affection by external means, prescribes no warm baths or medicated clysters, applies no Spanish flies or mustard plasters, no setons, no issues, excites no ptyalism, burns not with moxa or red-hot iron to the very bones, and so forth, but gives with its own hand its own preparations of simple uncompounded medicines, which it is accurately acquainted with, never subdues pain by opium, &c." Then in another note, after referring in the text to backward straying to the pernicious routine of the old school, *whose opposite it is as day to night*, please note this last remark : "Gentlemen," he says, "I am therefore sorry that I once gave the advice, savouring of allopathy, to apply to the back in psoric diseases a resinous

plaster to cause itching, and to employ the finest electrical sparks in paralytic affections. For as both these appliances have seldom proved of service, and have furnished the mongrel homœopathists with an excuse for their allopathic transgressions, I am grieved I should ever have proposed them, and *I hereby solemnly retract them*, for this reason also, that since then, our homœopathic system has advanced so near to perfection that they are *now no longer* required." This last note is an illustration of what runs through Hahnemann's writings, namely, the fact that he was learning for himself a new science, indeed two sciences, namely, the law of similarity and the law of potentization; and, as was inevitable in such a path, he made mistakes as well as advanced in knowledge of his thesis, thus discovering errors both of omission and commission, which were as frankly owned as soon as he was aware of them. In one of his recorded cases where he gave, on account partly of the vigour of the patient, a full drop of tincture of *bryonia*, he adds that this is not to be taken as an example and followed indiscriminately. I desire to call attention distinctly to this trait in his writings, because there has come into view in the writings of many who avow adherence to homœopathy a tendency to lay hold of certain statements, such as this about *bryonia* being administered in tincture, and the recommendation of the thirtieth potency as the *ultima Thule* of potentization, as though Hahnemann had taught them as a part of the entire system. As to this matter of recommending the thirtieth, it simply occurred from the fact that cases were reported in the journals cured with very varying potencies, and Hahnemann, being written to, suggested that for forming a classical clinical repertory or similar volume of instruction, if all used one potency, say the thirtieth, the observations would be more useful for comparison and general instruction.

Some remarks from the introduction will further elucidate for us Hahnemann's frame of mind, and his reasons for insisting on exclusiveness in the sphere of both medicine and therapeutics, and the nature of diseases and their treatment, by the laws of similarity and potentization; and let us note that he contrasts both with the whole realm of the art and science of medicine.

Surgery, of course, stands on a different footing, as in itself it is the application of mechanical laws to conditions of injury, and no question of treating disease *per se*, however its claims may have been overstated in the present day. The partisans of the old school of medicine, says our author, cried incessantly "*Tolle causam*," but they only fancied that they could discover the cause of disease . . . for as far the greatest number of diseases are of dynamic origin and dynamic nature, their cause is, therefore, not perceptible to the senses, so they exerted themselves to imagine one, and from a survey of the parts of the normal inanimate human body (anatomy) compared with the visible changes of the same internal parts in persons who had died of diseases (pathological anatomy), as also from what they could deduce from a comparison of the phenomena and functions in healthy life (physiology), with their endless alterations in the innumerable morbid states (pathology, semeiotics), to draw conclusions relative to the invisible process whereby the changes which take place in the *inward* being of man in diseases are effected, a dim picture of the imagination which theoretical medicine regarded as its *prima causa morbi*, and thus it was at one and the same time *the proximate cause of the disease* and the internal essence of the disease, *the disease itself*. Then there came, he says, with the more astute physicians of the old school, a search for what might be supposed to be the probable general *character* of the disease, whether it were spasm, or debility, or paralysis, or fever, or inflammation, or induration, &c., &c. Pointing out the error of this, he writes how often has it happened that, for example, spasm or paralysis seemed to be in one part of the organism, while in another part inflammation was apparently present; hence, without the most minute individualization, homœopathy is not conceivable, or, on the other hand, whence are the certain remedies for each of these pretended general characters to be derived? Those that would certainly be of benefit could be none other than the *specific* medicines, that is, those whose action is homogeneous to the morbid irritation, whose employment, however, is denounced and forbidden by the old school as highly injurious, because observation has shown that in consequence of the receptivity for homogeneous irrita-

tion being so highly increased in diseases, such medicines, in the usual large doses, are dangerous to life. The old school never dreamt of smaller and of extremely small doses.

Then, in notes referring to the mistaken treatment by emetics and purgatives of sudden or other attacks of indigestion, he makes some remarks on the error of venesection, which I cannot but think every unprejudiced person must admit to be convincing; he says, anyone who has felt the tranquil pulse of a man an hour before the occurrence of the rigor that always precedes an attack of pleurisy will not be able to restrain his amazement if told two hours later, after the hot stage has commenced, that the enormous plethora present urgently requires repeated venesections, and will naturally enquire by what magic power could the pounds of blood that must now be drawn off have been conjured into the blood-vessels of this man within these two hours, which but two hours previously he had felt beating in such a tranquil manner? Not a single drachm more of blood can now be circulating in those vessels than existed when he was in good health, not yet two hours ago. He then instances the mistake of local treatment, such as ligatures on polypi, eradication of indolent glandular swellings, encysted tumours, operations for aneurisms and fistulæ, drying up old running ulcers, cauterizing chancres, destroying condylomata locally, driving off itch by ointment, &c., &c., with the result of the reappearance of the disease *worse than the original malady*, because, as he further insists, diseases will not cease to be *dynamic derangements of our spirit-like vital principle in sensations and functions, that is to say, immaterial derangements of our state of health*. This is further proved, as he remarks, by the fact that the least foreign material substance, however mild it may appear to us, if introduced into our blood-vessels, is promptly ejected by the vital force, as though it were a poison, or when this does not happen death ensues. Life was endangered by injecting a little pure water into a vein (quoted from "History of the Royal Society"). Hydrophobia has caused death even when the part bitten was immediately cut out. He then deals with the doctrine of ferments and advances, Are not the foul, often disgusting, excretions which occur in diseases *always excretory products of the disease itself, that is,*

of the life which is only dynamically deranged and disordered? The treatment of so-called worm disease by so-called anthelmintics he discusses vigorously in a long note, pointing out that the presence of worms is always dependent on a general taint of the constitution (psoric), joined to an unhealthy mode of living. Let the latter, he says, be improved, and the former cured homœopathically, and the children are cured and remain so. He also remarks that the morbid symptoms caused by worms are generally of such a kind that they are rapidly relieved homœopathically by the smallest dose of tincture of *male-fern root*, and then in time the antipsoric treatment finally cures the psoric condition, so that worms cannot reappear. This reminds us of the importance of recognizing the cures performed by the old school, while carefully relegating them to their true source, namely, homœopathy or the law of similars. Attention is next called to treatment by derivation or crises under the form of excretions, in imitation of self-aiding operations of Nature, to assist which counter-irritants were used, as wool to the skin, foot-baths, nauseants, fasting, &c., also metastases and abscesses, the result being that after apparent amelioration or removal a worse disease took its place. All this is gone into with great vim through several pages. He then contrasts with this the opposite, namely, that when Nature sets up evacuants and local symptoms these were sought to be suppressed by repercutients and repellents, opium by diarrhœa, vomitings by effervescent saline draughts, foetid perspiration of the feet by foot-baths, and astringent bleeding of the nose by plugging, and so on, almost *ad infinitum*, with corresponding melancholy results. Another old school method is criticized, namely, the stimulating and strengthening, by excitantia, nervina tonica, confortantia, roborantia, properly speaking, enantiopathic. The great harm here was that reaction was correspondingly great, and he refers to this as being according to the *laws* (pray note the word laws) of all palliative action. Then come some strong remarks on the abuse, under this theory, of mercurials, *cinchona*, and above all *digitalis purpurea*, in chronic patients. Next he attacks the so-called indications, deficiency or excess of oxygen, nitrogen, carbon, or hydrogen in the fluids; exaltation or

diminution of the irritability, sensibility and reproduction; derangements of the arterial, venous, and capillary systems, asthenia, &c. In considering these strictures of Hahnemann we must not overlook his previously proved knowledge of scientific chemistry, as well as subjects cognate to the knowledge of medicine, such as anatomy and physiology. His work known as *The Lesser Writings* gives ample proof that he was in thought and practice a medical officer of health, sanitary inspector, and understood well the care of the health in diet and general habits of life. Then come some stringent remarks on polypharmacy, and the terrible ignorance of the actions of medicines, even had they been given singly. Then follows the oft-repeated statement of his own discovery as a result of observation, reflection and experience, and of this *ῥησιον πάθος*, as he now terms it, he says, "Hitherto no one has ever *taught* this homœopathic mode of cure, no one has *carried it out in practice*." Observe he does not say, had the thought of it—like all really great minds he is cautious in his statements and generous. "In all ages," he goes on to say, "the patients *who have been really, rapidly, permanently, and obviously cured by medicines*, and who did not merely recover by some fortuitous circumstance, or by the acute disease having run its allotted course, or by the powers of the system having, in the course of time, gradually attained the preponderance under allopathic and antagonistic treatment—for being cured in a direct manner differs vastly from recovering in an indirect manner—such patients have been cured (although without the knowledge of the physician) by means of a (homœopathic) medicine which possessed the power of producing a similar morbid state. Even in *real* cures by means of mixtures of medicines—which were excessively rare—it will be found that the remedy whose action predominated was always of a homœopathic character." Many references follow illustrating the above facts and instancing cures discovered by the empirical practice of the common people, such as *arnica* for contusions, *mercury* for chancres, &c.; and here we find how it was habitual to Hahnemann to ask why such and such a cure occurred, being certain with the insight of genius that there must be a scientific reason; thus he inferred the properties

of *natr. mur.* from the fact that salt was used habitually by the *plebs* for arresting local external hæmorrhage, *charcoal* for certain forms of dyspepsia, *lycopodium* for trichiasis, &c. ; in fact, he habitually thought, and did not cease thinking, on whatever subject thus was presented until he had proved the point by experiment. He proved an apt pupil to his own father, of whom it is narrated that once when in conversation with a friend he broke off the subject, saying, "Now it is time for me to go and give Samuel his thinking lesson."

A long note here follows on what Hahnemann calls Isopathy. Here it is only necessary to remark that in the *Organon* itself we read (p. 79, note, Dudgeon's edition): "A fourth mode of employing medicines in diseases has been attempted to be created by means of Isopathy, as it is called—that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done, which would certainly be a most valuable discovery, yet, after all, seeing that the virus is given to the patient highly potentized, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a *simillimum* to a *simillimum*." This little note informs us that Hahnemann had anticipated mentally the modern use of attenuated viruses of various kinds, and which are continually being exhibited to our mental and medical observation as discoveries *de novo*, and nowhere is to be found, as far as I am aware, the least reference or hint to homœopathy as having through its discoveries introduced us to this new field of therapeutic victory. *En passant* I am reminded that the only reference made to Hahnemann by the professors of my student days was one by the then Professor of Chemistry, who, when about to speak of *mercurius solubilis*, prefaced his remarks with the words: "A quack, named Hahnemann, discovered." In the clinical studies now being issued by Dr. Byrom Bramwell to the students in Edinburgh, reference is made in the October number of *Clinical Studies* to protection by attenuated virus. It is to this effect: that a syphilitic infant may infect the most healthy nurse and yet will not infect its own mother—the suggestion being that she has been protected *in utero* by the absorption from the foetus of an attenuated virus or the product of an attenuated virus—this is called Colles' law. Sir

Thomas Browne, author of "Religio Medici," in the *Homœopathic World* for December, 1908, is reported to have said that the virus of rabies may be mitigated by transmission from one animal to another. In point of fact, gentlemen, what is happening, and it is well that our eyes should be open to it, is that the law itself of similarity and its corollary of potentization are being re-discovered under other names, and are being gradually instilled under other names into the active brains of medical students. I conclude that Hahnemann has fairly proved himself to have brought to light one science, that of the law of similarity in the therapeutic sphere, and to have discovered another one, namely, that of potentization; and having had my attention continuously occupied in these directions now for close on forty years, I can declare with emphasis that all who oppose his teachings do so from ignorance or wilfulness. There are, of course, degrees of apprehension, as we have seen in Hahnemann himself; the grandeur and vast extent of the objects gradually unfolded themselves before his penetrating and indomitable perseverance and energy, and if I were asked what is *the* key which will open every lock in this vast edifice, I would reply unhesitatingly, Perseverance; and how happy it is to persevere when you are certain that you are in the line of truth.

ON A CASE OF PERSISTENT VOMITING IN PREGNANCY, ACCOMPANIED BY ACETONURIA, AND THE RAPID SUBSIDENCE OF BOTH AFFECTIONS UNDER THE USE OF SODIUM BICARBONATE.

By HAROLD WYNNE THOMAS, M.R.C.S., L.R.C.P.,
Physician to the Phillips Memorial Hospital, Bromley.

AND
GEORGE BURFORD, M.B. & M.C.,
Senior Physician for Diseases of Women to the London Homœopathic Hospital.

THE original work of Blodgett and Starbuck in America on that form of emesis in pregnancy associated with the existence of acetone and diacetic acid in the urine is of the highest importance. Inveterate emesis in the later months of pregnancy is so dangerous a condition, is so frequently not

stayed by the emptying of the uterus, and so usually ends fatally that it has been put in a separate class by obstetricians and styled "malignant vomiting."

To Drs. Blodgett and Starbuck is due the credit of having worked out, mainly in connection with the Homœopathic Hospital in Boston, U.S.A., that this grave condition is often concurrent with the presence of acetone and diacetic acid in large quantities in the urine. Further, when this is the case, that the internal use of *sodium bicarbonate* in definite dosage is almost a specific for this deadly condition, arresting the vomiting and marvellously improving the patient's health in a few days.

Dr. Blodgett has worked out this point very carefully, showing by recorded cases that this drug is of no avail in the sickness of pregnancy when acetone and diacetic acid are absent. Further, while homœopathic remedies are of the greatest service and are to be relied on in these last-mentioned cases—by far the majority—that the neutralization of the toxæmia that is linked up with acetonuria in pregnancy is absolutely necessary for the cessation of the vomiting, and the only known drug that will assuredly effect this is *sodium bicarbonate*.

The ensuing case gives objectivity to these points.

Dr. Wynne Thomas admitted into the Phillips Memorial Hospital at Bromley on December 12, 1908, a married woman, aged 36, and pregnant about three months. She was suffering from pregnancy-emesis of a most inveterate kind; sickness commenced at the end of the first month, and continued and increased till in the third month all food was vomited, in spite of dietary and complete rest in bed. She had already had two children and no miscarriages, and was in fair health until the present pregnancy.

The family history was germane to this special condition, for two sisters had died, one of heart disease and one after operation for renal calculus, and in both cases *persistent* vomiting had led up to death.

On arrival at the hospital she was put to bed, all food stopped by the mouth, and the patient fed only on nutrient enemata. Means were taken to ascertain that there was no abnormal physical state of the uterus. *Ipecac.*, *apomorphia*,

and *arsenicum* had been already prescribed, and now *carbolic acid* 3x was given for a few days. No obvious improvement ensuing, this was changed for *iris ver.* ix, often an excellent remedy for this distressing symptom, and *hydrocyanic acid* 3x followed, but without any satisfactory result.

The patient's condition had gone steadily from bad to worse; neither fluid nor solid—not even a little cold water—was retained in the stomach, and the patient's vitality was sinking under the strain.

A consultation was now held between Dr. Thomas and Dr. Burford, and, before any measures for terminating the pregnancy were discussed, it was decided to have the urine examined by an expert for acetone and diacetic acid. A sample was submitted to Dr. Eastes, at the West End Laboratories, and promptly came the report that these products were present in large quantities.

The remedial course was now clear. *Sodium bicarbonate*, 30 grains dissolved in a tumbler of water, and a teaspoonful given every quarter hour, so that the whole quantity was taken during twenty-four hours, was at once prescribed. The effect was dramatic. The first night was the best that had been passed for some time. Within two or three days the sickness had been reduced to once a day only, and the improvement continued until in seven days all vomiting had entirely ceased. During this period the *sodium bicarbonate* was continued day by day, the rule being that it should be given until at least three days after the complete disappearance of all traces of acetone and diacetic acid from the urine. This occurred eleven days after the commencement of the treatment by *bicarbonate of sodium*.

The vomiting ceasing, the patient now rapidly gained strength and vigour, appetite and digestion fully returned, the ordinary mixed dietary being taken with ease and relish. She left hospital early in January, 1909, to all intents and purposes absolutely well.

The special element in this clinical history is that in no recorded case do we recall the discovery of acetone and diacetic acid at so early a stage in pregnancy. Usually the vomiting that portends acetonuria is [of the later stages in gestation, and it is then that the laurels of *sodium bicarbonate*

for this condition have been chiefly gained. Our case shows that its effect is equally striking and satisfactory during the earlier as the later months of pregnancy when vomiting and acetonuria co-exist.

Clinical Cases.

A NOTE ON *BARYTA MURIATICA* IN THE RESPIRATORY SPHERE.

By STANLEY WILDE, L.R.C.P., L.R.C.S. EDIN.

ON several occasions I have been much struck with the power of *barium chloride* in bronchial affections of old people.

Some years ago I first used the remedy in a case of chronic bronchitis and dilated heart, in a patient aged 76, who had run the gauntlet of all the ordinary medicines. I gave it more as a heart tonic than with any idea of helping the bronchitis, when, to my surprise, it markedly relieved the cough by facilitating expectoration, the patient expressing herself as having found more benefit than from any other medicine.

Since that time I have used *baryta mur.* in cases where there is a great accumulation and rattling of mucus, with a difficulty in expectorating it, and it has rarely failed in promoting a free expulsion of phlegm.

Just lately I gave the medicine to a lady, aged 79, suffering from recent hemiplegia, with a chronic tracheal catarrh and much rattling of mucus, so that she felt at times as if she would suffocate. The expectoration was scanty, white, and very stringy, and had been helped previously by *kali bich.*, but this now failed to relieve. On giving her *baryta mur.* 2x trit. every three hours, the mucus was brought away easily in large quantities, and in a few days the constant rattling in the windpipe had completely ceased.

Hospital and Provincial News.

* * The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division, we would point out that this section is reserved for:—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

FOLKESTONE HOMŒOPATHIC DISPENSARY.

ANNUAL REPORT.

THE Medical Officer's statement shows that during the past year 517 cases altogether have been under his treatment; that of these 1490 have attended at the Dispensary and have received 1,976 consultations; and that 27 have been attended at their own homes and have received 84 visits. As in former years, the large majority of the cases thus treated have been either cured or very much relieved, and there has been but one death. The greater number of those visited at their own homes were members of the Provident Department, but some were attended either gratuitously or at a reduced fee.

The Hon. Dental Officer reports that 80 cases altogether have been under his treatment during the past year; that of these 58 had teeth extracted; that 10 had teeth stopped; and that 12 received attention in other ways, having their teeth examined, &c. Through the kindness of George Lewis, Esq., a much-needed dental chair has been added to this department.

A very successful Sale of Work was held during the year, which added very considerably to the funds of this deserving Institution.

LEICESTER HOMŒOPATHIC PROVIDENT DISPENSARY AND COTTAGE HOSPITAL.

THE Annual Meeting was held in the Council Chamber, Town Hall, Leicester, on Thursday, January 28, the chair being taken by His Worship the Mayor, Alderman Chas. Lakin, L.R.C.P. Special invitations were sent out, and about 100 were present.

The Report for the year 1908, which had been previously circulated, showed that the appreciation of homœopathy had been well maintained. Fifty-one cases had been treated in the Hospital during the year, and although many of these were of a most serious nature there had been no fatal result.

Financially, the year commenced with an adverse balance of £80, but owing to the generous assistance of the British Homœopathic Association, which came to the help of the institution with a gift of £100, the deficit at the end of the year amounted to only £5 3s. 6d. Apart from this no effort was spared during the year to raise the funds necessary to carry on the work. A valuable contribution was afforded by a sale of work organized by the Sister-in-charge and the nurses, which realized £47. The patients' payments amounted to £166 12s. 6d. Further annual subscriptions are still urgently needed, as the expenditure still exceeds the annual income, and with an increase of funds the usefulness of the institution could be very greatly extended.

After the general business had been transacted, Dr. C. E. Wheeler, who had specially come down from London for the purpose, delivered a short lecture on "Modern Vaccination and its Relation to Homœopathy." After commenting on the inevitable association of ideas between Leicester and vaccination, Dr. Wheeler briefly outlined the more important of the modern theories of immunity, and distinguished between vaccines and antitoxins. Then in relation to the former he gave an account of phagocytosis and opsonins, and made clear the meaning of high and low opsonic indices. A short account followed of the nature and mode of administration of modern vaccines, leading on to the claim that the whole method was one closely allied to the homœopathic principle, in that a slight modification of the germ that is held to be the cause of a disease is given in a small dose to cure that disease. Dr. Wheeler concluded with an appeal for more support for homœopathic institutions, and especially for co-ordinating bodies like the British Homœopathic Association, in order that such approximations to homœopathic theory and practice as modern vaccination should not be taken as full substitutes for it, but made the means of advancing homœopathic principles.

Obituary.

H. C. ALLEN, M.D.

It is sad news indeed to have to record the death of our colleague, Dr. H. C. Allen, United States of America. No details are yet to hand, but we understand that he was out at a case and, feeling unwell, lay down and rapidly became unconscious, and within a few hours died. So he died in harness, a fit ending for a noble and useful life !

Notices, Reports, &c.

BRITISH HOMŒOPATHIC SOCIETY.

THE fifth meeting of the Session was held at the London Homœopathic Hospital on February 4, at 8 p.m. Dr. Cash Reed, President, was in the chair. Alexander Henry McCandlish, M.R.C.S.Eng. L.R.C.P.(Lond.), of London, was proposed for membership by Dr. Roberson Day and seconded by Dr. Burford. William Henry Watts, M.R.C.S.Eng., of London, and Frederick Wells Belville, M.R.C.S.Eng., L.R.C.P., of Bath, were both elected members of the Society.

The following specimens were exhibited :—

Two gall-stones removed from ductus communis chole-
dochus, by Dr. Dudley Wright.

An ovarian dermoid with bony mass imitating the sphenoid,
from a girl aged 17 ; by Dr. Frank Shaw and Dr. Neatby.

A soft myoma clinically simulating an ovarian cyst, by Dr.
Neatby.

Multiple uterine myomata with unilateral ovarian tumour
and distension of both Fallopian tubes, by Dr. Neatby.

Dr. Roberson Day exhibited a case of paroxysmal hæmo-
globinuria in a child ; oxalate of lime crystals had been found
in the urine.

It was announced that Dr. Augusta Lewin was present as
a visitor.

Mr. C. Knox Shaw then read a paper entitled : "Some
Points in the Diagnosis and Treatment of Perforated Gastric
Ulcer." He said that for the purpose of his paper he

included duodenal ulcer, as perforation of a duodenal ulcer was clinically indistinguishable from that of a gastric ulcer; the great majority of perforating gastric ulcers occurring within $\frac{3}{4}$ in. of the pylorus. When these ulcers perforate, only prompt intervention will avert a fatal issue. Mr. Knox Shaw then related the history of a case which had recently come under his notice. It was that of a married lady aged 43, a patient of Dr. Burwood, who had always had good health. For the last ten years she had occasional attacks of indigestion; the pain was relieved by food, the tongue clean, and the attacks short, the pain being always relieved by *colocynth* 3x. In October, 1907, she had a more severe attack in which hæmatemesis occurred. A diagnosis of gastric ulcer was made. She soon recovered from this illness. On Monday, December 28, 1908, she took a long walk through snow and became thoroughly chilled; she, however, subsequently attended a dinner-party, after which she went to bed, but woke up at 1 a.m. in great pain. *Brandy* and *nux vomica* were both given without relief, and Dr. Burwood was sent for. He found the patient somewhat collapsed and in great abdominal pain, which, notwithstanding more *nux vomica* in lower dilution, increased so that by 3 a.m. she was in such agony that *chloroform* was administered. This was continued on and off till 6 a.m., the pain returning whenever the *chloroform* was discontinued. At 7 a.m. $\frac{1}{4}$ grain of *morphia* was injected hypodermically; this was repeated later, and whiffs of *chloroform* and injections of *strychnine* were continued through the day. She vomited only once. By noon she was very collapsed, with dusky countenance, and her condition was alarming. Mr. Knox Shaw was sent for. He found her lying in bed with the knees drawn up, with the pinched anxious face so symptomatic of severe abdominal mischief, her pulse 130, temperature normal, agonizing pain all over the abdomen, dreading the least movement. The abdomen was slightly and uniformly distended, the walls presenting a board-like rigidity, especially in the epigastric region. Percussion caused pain, but gave a tympanitic note and diminished liver dulness. No flatus had been passed for some hours. A diagnosis was made of perforated gastric ulcer. With regard to a diagnosis of perforation the following signs are important :

Sudden, acute, agonizing pain, followed by collapse—this is usually followed by a brief period of quiet; a steady rise in the pulse-rate; in the earliest stage rigidity of the abdominal muscles, the examination for which must be made very gently, and with a warm hand; abdominal distension; vomiting, not by any means a very frequent symptom; absence or diminution of liver dullness, a very important sign, and indicative of free gas in the peritoneal cavity; in later stages, when peritonitis has set in, there may be dullness in the flanks. Perforation usually takes place without apparent cause, but it may come on after a strain, or after a heavy meal. The mortality of perforated gastric ulcers left to nature is 95 per cent.; a few cases have been known to recover spontaneously, but possibly in some of these there was an error in diagnosis. The mortality in perforated gastric ulcer when operation has been performed varies from 20 to 50 per cent.

Mr. Knox Shaw, in the case described above, decided on an immediate operation. The peritoneum was opened by an incision between the ensiform cartilage and the umbilicus, and gas and much fluid at once escaped, but no food. As much as possible of the fluid was removed, and the stomach then brought out through the wound. A small ulcer was seen on the anterior aspect, at the pyloric end, and towards the lesser curvature, which had perforated the gastric walls. The edges of the perforation were drawn together by sutures inserted wide of the ulcer, and the stomach wall was then infolded over the ulcer. Mr. Knox Shaw does not advise a gastro-enterostomy, as practised by some surgeons. He also regards the peritoneal effusion as a natural protection against micro-organisms, and so condemns sponging and washing out the abdomen; he simply passes sterilized gauze drains deep down above and below the stomach, and another one into the pelvis, which is passed through an aperture made in the hypogastrium, and makes it a practice to get out of the peritoneal cavity as soon as possible. This was done in the above case, the operation taking only thirty minutes from start to finish. The patient was returned to bed and placed in a semi-sitting posture. The reason for this position is that septic absorption takes place the most readily from the diaphragmatic peritoneum, and the least readily from the

pelvic, and the semi-sitting posture, called the "Fowler position," allows the fluid to drain down to the least absorbent area. As an accessory measure to this position proctoclysis was administered. A douche can filled with saline solution at 100° F. is placed just high enough to allow the fluid to flow very slowly into the patient's intestine, which absorbs it, and passes it through to the peritoneal cavity, whence it is drained away by the gauze drains. The object of this manœuvre is to reverse the natural path of absorption, so that toxic products, instead of being absorbed into the system from the peritoneal cavity, should be carried out of the body by the gauze. In the first twelve hours the patient absorbed 4 pints of saline fluid in this way, which passed away in the dressings. The proctoclysis was kept up for thirty-nine hours, was then omitted for ten hours, continued for another twenty-eight hours, and then discontinued altogether. Recovery was steady and uninterrupted, and in three weeks she was well. The principal drugs given were *bell.*, *arsen.*, *lycopod.*, and *carb. veg.*

The discussion that followed the reading of the paper was carried on by Drs. Dyce Brown, Wynne Thomas, Dudley Wright, Watson, Eadie, Green, and Cash Reed. Mr. Knox Shaw replied, and, in answer to questions with regard to the proctoclysis, said the indications for its use were shock or septic peritonitis. It should be kept up till the drains cease to discharge. His practice was to take the gauze drains out the day after the operation and insert new ones.

Mr. Dudley Wright then read a paper on Pruritus Ani. He remarked on the intractable nature of the complaint and the difficulty of completely curing it. It is often due to an underlying chronic dermatitis, disturbance in the rectal circulation, and to piles. It is generally discontinuous, with long periods of exacerbation. In acute attacks there are redness of the skin with skin fissures, which extend back to the coccyx and forward to the perinæum; some keratosis occurs with moisture upon it of offensive odour and great irritation, which becomes worse from the warmth of the bed. These skin fissures are not the same thing as the true anal fissure, but rather cracks between the folds of the thickened skin. In many cases pruritus ani is the expression of a toxæmia, and

is often associated with lithæmia. It may result from diet, especially from coffee, excess of fats, particularly butter, when perhaps an acid intoxication is the cause; from salt, and tobacco. Occasionally there is discharge of an acrid fluid from the anus, which comes from pockets in the mucous membrane about the anus, and a cure cannot be effected when this is the case till the pockets have been slit up or removed.

In treatment local cleanliness is most important; the part should be well washed with hazeline or carbolic acid lotion. It is not advisable to use soap, as the alkali may increase the dermatitis. The part should be bathed at night with water as hot as can be borne, in order to allay the irritation on first getting into bed, which prevents the patient getting off to sleep. Local applications are *carbolic acid*, *tar*, *prepared menthol*, *liquor carbonis detergens*, in various strengths. In bad cases, after cocainizing the part, a strong solution of *nitrate of silver* should be well rubbed in over the whole of the irritable area, and this can be repeated every third or fourth day; or the thermal or electric cautery may be used. Less severe but often very efficacious remedies are the X-rays, exposure to the light of the mercury vapour lamp, and radium. It has been shown that the gamma-rays of radium have a selective action on trophic nerve fibres. There is a radium ointment on the market which could be tried. Internal remedies likely to be useful are *sulphur*, *plantago*, *thuja*, *graphites*, *petroleum*, *scirrhinum*, and *radium bromide*.

A discussion followed, in which Drs. Jagielski, Dyce Brown, Clarke, McCulloch, Eadie, Hamm, and Cash Reed took part.

HONYMAN-GILLESPIE LECTURES.

DR. WHEELER commenced his lectures on *Materia Medica* for the Spring term with *Pulsatilla*. The species used are the *Pulsatilla nigricans* and the *P. nuttalliana*, the former found in Germany, and the latter in the United States. It was the *P. nigricans* that was proved and used by Hahnemann, and mainly by homœopaths since. *Pulsatilla* is a drug which is used almost exclusively by homœopaths; at one time it obtained a vogue amongst some allopathic physicians, but was soon abandoned, owing, no doubt, to the indiscriminate way

in which it was used resulting in many failures. Previously to Hahnemann it had been employed by Stoerck, mainly for diseases of the eye and skin. It has four principal spheres of action: (1) On the mucous membranes; (2) on the synovial membranes; (3) on the veins; (4) on the generative organs, male and female. The mucous membranes become swollen, congested, and secrete freely a bland muco-pus. The alimentary and respiratory mucous membranes are acted on more in their upper portions than in their lower. Of the synovial membranes, those of the knees and ankles are most affected. It has a congestive effect on the veins, making the blood tend to stagnate in them, and causing them to be swollen and turgid. With regard to the generative organs, it causes amenorrhœa with delayed or scanty menses, ovarian and uterine pains, with probably ovarian swelling, and swelling of the testicles.

The temperament indicating *pulsatilla* is the lymphatic. It suits slow, soft, sedentary people, of fair complexion; those who are easy-going and good-tempered, because they are not easily roused to exertion; tearful and melancholy people, who are timorous and like sympathy, of the Mrs. Gummidge type. Changeableness of mind and changeableness of symptoms are also a feature of the *pulsatilla* patient.

The headaches are congestive and usually frontal, worse for keeping quiet, better in the open air and moving about slowly. There is also dizziness, with tendency to loss of consciousness, and it has on this account been used in the epilepsy of puberty. The pains appear suddenly and go gradually, or appear gradually and go suddenly. The eyes show conjunctivitis with a bland excretion; mist before the eyes; styas. It is useful in middle-ear disease, especially when the discharge is thick, and so comes in as the treatment for this condition when it is a sequela of measles or scarlet fever. In nasal complaints it is indicated in the late stages of catarrhs, when there is much muco-purulent discharge, and when they are better in the open air, in this modality comparing with the catarrhs of *allium cepa*, *euphrasia*, and *iodine*, which are all better out of doors. Imaginary smells; toothache and neuralgias, which are worse in the evening and better in cold air. The mouth is dry, but thirstless. It

acts on the parotid, and is useful in mumps, as well as for its metastasis to the testicle or ovary. The tongue is thickly coated, and there are sour eructations and a disagreeable taste. The dyspepsias calling for it are those arising from improper food, especially rich and fat foods. Pain in the abdomen, with mucous diarrhoea, the stools being changeable and offensive; hæmorrhoids; catarrh of bladder and urethra, enuresis and urging to micturate. The sexual feeling and desire are increased in both males and females. In males the testicles are swollen, and in females the increased desire may amount to nymphomania. The periods are scanty, irregular, and painful. There is mucous, bland leucorrhœa. Contrary to its usual action on mucous membranes, *pulsatilla* may cause a dry catarrh of the bronchial mucous membrane, with a dry cough which makes the patient sit up at night. A cough which is dry at night and moist in the day indicates *pulsatilla*, as also a cough where there is much mucous secretion and which is worse in the daytime. *Pulsatilla* produces anæmia and diminishes the quantity of hæmoglobin, and is therefore useful in chlorosis, with which there is often palpitation with pain under the left breast. It is an antidote to *iron*, and to some extent *quinine* also. Chilblains. There is feverishness without thirst; sweats, rather profuse. Drowsiness, but sleep is retarded; late in getting to sleep is an important indication. Chilly, but the patient does not like much clothing. Antidotes to *pulsatilla* are *chamomilla* and *nux v.*

Dr. Wheeler's lecture on Monday, February 1, was on Sulphur. He mentioned that it had been used before the time of Hahnemann mainly as a remedy to destroy parasites, but acquired an altogether new importance from its use by homœopaths. Sulphur is present in small proportions in albumen and protoplasm, and so is present in all the tissues of the body, but chiefly in the skin, into the pigment of which it enters. It exists in higher proportion in the tissues of fishes than of other vertebrates. If leprosy has its cause from decayed fish, it is of interest to remember that Hahnemann considered sulphur a remedy for leprosy.

Professor Lewin gives as the poisonous effects of sulphur its power to produce inflammations of the skin of a pustular kind, of which acne is the typical example; itching of the

skin and pigmentation ; intestinal catarrh with diarrhoea and bleeding from the anus ; headache and giddiness going on to fainting ; tension in the muscles of the back of the neck.

Dr. Schulz admits that to homœopaths sulphur is of much value, to allopaths of but little. He thinks that this difference in the schools arises from the dosage employed by each. With large doses the sulphur is not absorbed, and acts only as a mechanical irritant to the intestinal tract or the skin. Sulphur springs which are used largely for chronic diseases must contain an active sulphur, but it is present in very small quantities, only a drachm in from 10 to 200 litres of water, varying with the different springs. Dr. Schulz, therefore, uses a tincture of sulphur in which the drug is present in the proportion of 0.35 per cent. One of his provers took this sulphur tincture over a period of four weeks, taking in that time altogether 0.3 gramme of sulphur. The following symptoms resulted : nervous irritability and inability to concentrate on work, and a feeling of tiredness going on to apathy. He concluded that sulphur disturbs the metabolism of all the tissues. It causes drowsiness, but the patient is no better for rest and is worse in the morning. Slight and repeated attacks of giddiness going on to faintness, especially in tobacco and alcoholic subjects. The headache is frontal, occurs in the mornings, and is accompanied by rushes of blood to the head. There is conjunctivitis with swollen lids and increased secretion. Itching, formication, a surface neuralgia, first here, then there. A lack of muscular power, muscular pains, lumbago. Heart's action is increased in frequency, irregular ; palpitation, flushes, first hot and then cold. It acts on the veins, causing local congestion. In the case of a chronic syphilitic he found that the vena cava had only twenty-eight sixty-fourths of the normal amount of sulphur. This fact may account for the benefit often derived by old syphilitics from a course of sulphur waters. Catarrh of all the respiratory mucous membranes. In the alimentary sphere the symptoms noted were herpes, increased saliva, bleeding gums, catarrh of the stomach, with loss of appetite ; at first constipation, resulting from the general inertia produced by sulphur, later looseness from its irritating action, the stools dark and green. Urine dark and strong smelling, with deposition of urates.

The sexual organs of both sexes are congested, and Dr. Schulz makes the observation that sulphur should not be given to pregnant women, lest it cause abortion. In the skin there are itching and burning, dryness and scaliness; the hair falls out; pustules. There is a general plethora of the skin. It diminishes metabolism in large doses, in small doses it stimulates it. In cases of metallic poisoning it increases the excretion of the metal, and this it does by rousing the metabolism, and not by entering into combination with the metal. Dr. Schulz uses sulphur therapeutically, in a line with the results he obtains from his provings. He uses the tincture mentioned above, and always likes to begin the treatment of a case of chronic disease by giving a course of sulphur, and especially in cases of anæmia or chlorosis which do not respond to iron. He finds that sulphur at first often stimulates the organism in a chronic case to again throw out symptoms which had been latent, and so to cause an apparent aggravation of the illness.

On February 8, Dr. Wheeler continued the consideration of sulphur. Sulphur is a typical remedy for chronic diseases. In chronic diseases there is hardly any tissue of the body which is not more or less affected, and therefore the local symptoms change and are sometimes in one part, sometimes in another. It follows that in treating a chronic disease the general symptoms of a drug are more valuable than the particular ones. Sulphur is a remedy which rouses the reaction of a flagging body, and has well-marked general characteristics.

Temperament : Light complexion and fair hair, thin, spare, stooping, delicate face and long eyelashes, red lips and nostrils, redness of all the orifices of the body; skin looks dirty and unhealthy, and the patient dislikes washing, which makes him feel worse; prone to eruptions; complaints are made worse by standing; there is a tendency to catch cold, but the patient is not chilly; burning sensations and heats (*psorinum* is chilly), especially burning sensation on vertex, in eyes, face, hands and feet, worse from heat of bed; wants to put the feet out of bed; aggravation of symptoms at 11 a.m., especially flushing, and a sinking sensation at the pit of the stomach.

Mind.—Memory weak, especially for names and recent

events; dull, mental and physical indolence, melancholy, brooding.

Head.—Flushes to face and burning on vertex, red orifices, pressing pain on vertex (compare *nux*, *sepia*, *lachesis*).

Eyes.—Burning, itching, as if grits in lids; conjunctivitis; dimness of vision.

Ears.—Noises, roarings, deafness from repeated catarrhs, especially if the noises come and go.

Nose.—Nothing distinctive; red nostrils.

Face.—Acne.

Alimentary Canal.—Burning sore throat, white tongue, burning pain in stomach, empty feeling, and hunger, especially at 11 a.m.; it is more a desire to drink than to eat, a desire for something stimulating and rather sweet.

Abdomen.—Flatulence, constipation and hæmorrhoids; excoriated anus, or early morning diarrhœa (compare *aloes*).

Urinary.—Nocturnal enuresis of children.

Female sexual.—Climacteric flushings and headaches.

Respiratory.—Follows other medicines at the end of a pleurisy or pneumonia, especially of the left side; oppression and suffocation of the chest; congestion of the lungs. Should be used with care in chronic phthisis, as it may stir up a quiescent spot to active inflammation.

Perspiration in axillæ.—Feelings of great debility; takes cold easily, but wants the windows open; wakes early; sweats after sleep; suppurating pimples on a dry dirty skin; itching; offensive odour of skin.

Dr. Schulz gives short courses of the strong tinctures, but the dilutions 12, 30, or 200 once or twice a week is the practice recommended.

At his clinical demonstration on Tuesday, February 2, 1909, Dr. Searson showed the following cases:—

(1) A case of unusual skin eruption. The patient was a woman, living in a public institution, who had a red papular rash over the trunk, mostly on the back; it was dry and irritating, causing much scratching. She also complained of rheumatism of the fingers of both hands, which was worse in the warmth of the bed. No rash about the wrists or fingers. There was a gouty history. The rash had been diagnosed as scabies, and sulphur ointment had been given. On January 14

she was given *sulph. CM.* in unit dose. On January 27 the rash was very much better, almost gone. She still had the pains in the hands, also in the head and the thighs, worse in the damp, in the warmth, and at night. She was given *guaiacum* 3 x. *℥iii. t.d.s.*

(2) A case of pruritus vulvæ; no external signs. Joints of fingers swollen; the itching of the pruritus was worse in bed. On account of the modalities and the supposed gouty origin, *staphisagria* 3x. had been given. She was, however, no better, and was now put on *radium bromide* 30 *mi. ter die.*

With regard to *staphisagria*, Dr. Searson mentioned the mental and moral sensitiveness of the drug, and its value in debility in these spheres following excessive sexual intercourse; also that it causes irritability of the bladder, with burning after micturition, and frequent micturition. It is useful for blepharitis, styes, and Meibomian cysts. In connection with its employment when pediculi are present, he advocated the internal as well as the external use of it. In the same way, *sepia* should be given internally in ringworm at the same time as local treatment is used.

(3) A patient, a woman, who had come complaining of pain at the bottom of the back, which made her feel sick. She was drowsy. *Antim. tart.* had been given without effect, as also had *acid. phos.* It was now ascertained that she had piles, and *æsculus* 1x. *℥ii. ter die* was prescribed. The back pains of *phosphoric acid* are principally between the shoulders, and other symptoms associated with it would very likely be loss of fluids, painless diarrhœa. It is useful in the rapidly growing and for those suffering from sexual excesses.

(4) Case of dysentery in Hahnemann ward, admitted on January 26. He had been suffering from dysentery for several months, had become much wasted, and took to his bed a fortnight before admission. For twelve months he had been treated by an allopathic physician for hæmorrhage from the bowels and frequent stools, and had been given liberal doses of *calomel.* His stools were mixed with much blood, and occurred about twelve times in twenty-four hours; they were abundant, and passed without pain; no tenesmus; very foetid. Examination showed proctitis, with follicular inflammation of the rectal mucous membrane; emaciation; breath

of putrid odour; anæmic; temperature normal or subnormal. *Merc. cor.* CM. one dose was given, and he is now taking *merc. cor.* 3x. with improvement to general condition, but not as yet to the dysentery.

Other drugs having dysenteric stools in their pathogeneses are: *cantharis, ipecacuanha, colocynth, camphor, aloes, arsenicum.*

(5) This case was that of a child who developed a rash resembling that of scarlet fever, and who had at the same time a rise in temperature. It, however, proved not to be a scarlet fever case, but was probably the result of some intestinal toxæmia.

On January 26 the following cases were shown at Dr. Searson's clinical demonstration:—

(1) Urethral caruncle. *Lachesis.*

(2) *Sepia* in uterine prolapse, and *ipecacuanha* in the vomiting of pregnancy.

(3) A *sulphur* case.

(4) *Hepar sulph.* following *bell.* and *silica*: mastoiditis.

(5) Case presenting features resembling those of leprosy.

On January 29:—

(1) *Senega* in bronchial asthma.

(2) Strangulated femoral hernia.

(3) Treatment of abdominal inflammatory conditions.

(4) Appendicitis.

On February 5:—

(1) Hæmaturia.

(2) Abdominal tumour, illustrating points of diagnosis and treatment.

(3) An *ornithogalum* case.

(4) Atrophic scirrhus of breast.

(5) Cancrum oris treated by zinc ionization.

On February 9:—

(1) A *natrum carb.* case.

(2) Case illustrating repercussion.

(3) Dermatitis exfoliativa.

(4) A *sanguinaria* case.

(5) Pericardial adhesions apparently disappearing under treatment.

THE MEDICAL REGISTER.

DEAR SIR,—A very searching enquiry is now being made as to the accuracy of all names and addresses on the Medical Register under the following Section (XIV.) of the Medical Act, 1858 :—

XIV.—*It shall be the duty of the Registrars to keep their respective Registers correct in accordance with the provisions of this Act, and the Orders and Regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them it shall be lawful for the Registrar to write a letter to any registered person, addressed to him according to his address on the Register, to enquire whether he has ceased to practise, or has changed his residence, AND IF NO ANSWER SHALL BE RETURNED TO SUCH LETTER WITHIN THE PERIOD OF SIX MONTHS FROM THE SENDING OF THE LETTER IT SHALL BE LAWFUL TO ERASE THE NAME OF SUCH PERSON FROM THE REGISTER; provided always that the same may be restored by direction of the General Council should they think fit to make an order to that effect.*

On February 1 a circular of enquiry was posted to every registered practitioner, *excepting only* officers of the Navy, Army, and Indian Medical Services whose names appear in the Navy and Army Lists.

It is of vital importance to all registered practitioners who have not received an enquiry in course of post that they should immediately communicate with this office, as in the event of no communication being received from them it will *be lawful to erase their names from the Register*, according to the Act, and then very serious disabilities will be incurred.

Yours faithfully,

H. E. ALLEN, *Registrar.*

General Council of Medical Education and Registration
of the United Kingdom, 299, Oxford Street, London, W.

February 3, 1909.

LONDON HOMŒOPATHIC HOSPITAL.

THE fifty-ninth Annual General Meeting of the London Homœopathic Hospital will take place in the Board Room of the Hospital on Friday, March 5, at 3.30 p.m., the Right Hon. the Earl Cawdor presiding.

The Annual Meeting of the Ladies' Guild—President, the Countess Cawdor—was held at the London Homœopathic Hospital, Great Ormond Street, W.C., on Thursday, February 25, at 3.30 p.m.

THE HAHNEMANN CONVALESCENT HOME AND
HOMŒOPATHIC DISPENSARIES,
BOURNEMOUTH.

THE Annual Meeting of this Institution was held at the Home on February 10, the chair being taken by the Mayor of Bournemouth. The thirtieth annual report was read, giving a review of the work accomplished during 1908. The total number of in-patients for the year was 188, their average stay being forty-five days. Special extensions were granted to certain patients who were deriving marked benefit from the treatment, raising the average to 52.3 days. Of these 188 cases, 162 were suffering from phthisis, the others being chiefly convalescents from various disorders. Of these 162 consumptive patients, 65 left the Home much improved, 8 were reported as recovered, 51 as improved, only 6 left unimproved, whilst 4 were discharged as unsuitable, and 28 remained in the Home when the report was made. Deducting these 28 persons, also the 4 discharged as unsuitable, it appears that out of 130 cases of phthisis treated and discharged from the Home during the year, only 6 failed to receive benefit from the curative methods adopted. This certainly reflects credit upon the medical and nursing staff, and, indeed, all connected with the Institution, and speaks volumes for the efficacy of the treatment given. It would be interesting to know whether equal results can be shown by other similar institutions in which drugs are not used in accordance with the teachings of Hahnemann. To have the charge of 130 phthisical patients for an average period of fifty-two days, and to do good to all except six, is no mean achievement. From the

pathologists' report we glean the following particulars, which are not without interest: Of the 162 cases registered as phthisis during the year, 112 had coughs with expectoration, and their sputa on examination showed that in 71 cases the bacilli of tuberculosis were present, none being found in the remaining 41. On discharge from the Home only 43 examinations were made, showing that 28 of the patients under treatment had ceased to expectorate, sputum being only available in the former number. In two of these no bacilli were now found, and in the remainder the majority showed them in greatly diminished numbers.

The work at the two dispensaries in the eastern and western districts of the town shows a gratifying advance in the numbers treated. We note that a morning is to be set apart each week especially for nose, ear, and throat cases. Except for a slight decrease in the number of annual subscribers to the Home, the finances of the Institution seem to be in a satisfactory condition. We have pleasure in congratulating our colleagues on the excellent results of a successful year's work.

BRITISH HOMŒOPATHIC ASSOCIATION PUBLIC LECTURE.

HOMŒOPATHY AMONG THE CHILDREN.

THE lecturer opened his remarks by stating the very important place occupied by children and the recent special attention which had been devoted to them—by legislature, by special hospitals and convalescent homes, and by the efforts of societies for their protection and the study of their diseases. The child might be compared with a building constructed on a good foundation and of solid materials, or the reverse. The results of this bad construction, as seen in rickets, anæmia, rheumatism, and various inherited diseases. The all-important question of treatment, so as to restore the body to normal health, was discussed. Homœopathy and allopathy compared. The former is pleasant to take, easy to administer—a very great point with children—and more sure in its action and results. Reference was made to such diseases as tuberculosis and adenoids, which in the old school are mostly

treated by surgical means, but homœopathy can cure them medicinally. Broncho-pneumonia, croup, and rheumatism were compared in their treatment, and the results were most favourable under homœopathy.

The lecture was illustrated by lantern slides, and a cupping instrument and nauseous pills were shown which are still in use at the present time amongst the old school.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from January 15 to February 15, 1909:—

| GENERAL FUND. | | | | Donations. | Subscriptions. |
|---------------------------|-----|-----|-----|------------|----------------|
| | | | | £ s. d. | £ s. d. |
| Dr. J. Murray Moore | ... | ... | ... | — | 1 1 0 |
| Dr. Ashton | ... | ... | ... | — | 1 1 0 |
| Dr. J. H. Clarke | ... | ... | ... | — | 1 1 0 |
| Mrs. Clarke | ... | ... | ... | — | 1 1 0 |
| C. A. Russell, Esq., K.C. | ... | ... | ... | — | 1 1 0 |
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| LADIES' NORTHERN BRANCH. | | | | | |
| Miss Leigh | ... | ... | ... | — | 1 1 0 |
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| COMPTON BURNETT FUND. | | | | | |
| F. Langham Hobart, Esq. | ... | ... | ... | 2 2 0 | — |
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| LADIES' Branch. | | | | | |
| Mrs. A. Luard | ... | ... | ... | — | 1 1 0 |
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| Stamps | ... | ... | ... | 0 0 6 | — |
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| Mrs. Willis | ... | ... | ... | — | 0 5 0 |
| Lady Ida Low | ... | ... | ... | — | 0 10 0 |
| Rev. S. Holmes | ... | ... | ... | 0 5 0 | — |
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| Mrs. White | ... | ... | ... | 2 2 0 | — |
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| Mrs. Robinson | ... | ... | ... | 0 10 6 | — |
| Miss Chalmers | ... | ... | ... | 5 0 0 | — |
| Mrs. Burford | ... | ... | ... | — | 5 5 0 |
| „ (collected by) | ... | ... | ... | 0 15 0 | — |
| Miss Pam | ... | ... | ... | — | 0 10 0 |
| Mrs. Clarke | ... | ... | ... | — | 5 5 0 |
| Mrs. Machell Smith | ... | ... | ... | 1 0 0 | — |

| | | | | | Donations. | | | Subscriptions. | | |
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| | | | | | £ | s. | d. | £ | s. | d. |
| Miss Bourne | ... | ... | ... | ... | 5 | 0 | 0 | ... | — | — |
| Mrs. Scott-Chad | ... | ... | ... | ... | 0 | 5 | 0 | ... | — | — |
| Mrs. Harvey | ... | ... | ... | ... | 1 | 1 | 0 | ... | — | — |
| Mrs. Mead | ... | ... | ... | ... | 1 | 1 | 0 | ... | — | — |
| Mrs. Smithers... | ... | ... | ... | ... | 0 | 2 | 6 | ... | — | — |

HONYMAN-GILLESPIE LECTURES.

THE Honyman-Gillespie Lectures were resumed at the end of January at Chalmers House. To the end of February Dr. Wheeler has lectured on *pulsatilla*, *sulphur* (two lectures), *thuja* and *lycopodium* in the *Materia Medica* section, and upon the therapeutics of cancer and of some diseases of the respiratory tract. The plan followed in *Materia Medica* has been first to review the drug as regarded by the old school, noting any approximations to homœopathic uses of it. In the use of sulphur, for instance, Dr. Schulz was quoted effectively as an advocate for homœopathic applications of this remedy. Then the more important regional spheres of action of the drugs are emphasized, so as to get a general view of its powers. Lastly, from the schema of the *Materia Medica* the picture is filled in in detail, with insistence on characteristic symptoms and keynotes. In the therapeutic lectures the aim is to give the characteristic indications for the drugs most likely to be needed for certain disease conditions. The course will be concluded in March.

FOUR LECTURES ON HAHNEMANN'S *ORGANON* OF MEDICINE;

FOR MEDICAL MEN AND MEDICAL STUDENTS, WILL BE DELIVERED BY DR. J. H. CLARKE, AT CHALMERS HOUSE, 43, RUSSELL SQUARE, W.C., ON THE FOLLOWING DATES, AT 8.30 P.M.

LECTURE I.—WEDNESDAY, MARCH 3.

Subject—GENESIS OF THE "ORGANON."

Synopsis: The Approaching Centenary of the *Organon*—Place of the *Organon* in the History of Medicine—The English Translation of the *Organon*—Tribute to Dr. Dudgeon—Unpublished Sixth Edition of the *Organon*—Hahnemann's unique position and qualifications for the work—*Organon*

published twenty years after the Homœopathic idea was conceived—Forerunners of the *Organon*—Title of the work—Bacon's *Novum Organon Scientiarum*—Hahnemann's Prefaces.

LECTURE II.—WEDNESDAY, MARCH 10.

Subject—TEXT OF THE "ORGANON."

Synopsis: The problem which confronted Hahnemann when once the Homœopathic idea was conceived—The Language of Drugs and the Language of Morbid Processes—What is Disease?—Text of the *Organon*—Introduction—Hahnemann's Style—Opening paragraphs of the *Organon*—Individualization—Difference between the Homœopathic and the Allopathic attitude towards patients.

LECTURE III.—WEDNESDAY, MARCH 24.

Subject—TAKING THE CASE.

Synopsis: The *Organon* establishes the Homœopathic Principle—Also elaborates the Method of Practice—Importance of right attitude—*Organon* compels Students to adopt it—Hahnemann on "Mongrel" Homœopaths—Instructions on Case-taking—Writing down Notes of each Case essential—Sections 85 to 104, with Comments.

LECTURE IV.—WEDNESDAY, MARCH 31.

Subject—FINDING THE REMEDY.

Synopsis: How to acquire a knowledge of the Instruments of Cure—How to employ Remedies—Hahnemann's Summary, § 70—Paragraph 147—Value and Importance of Peculiar Symptoms—The Homœopathic Aggravation—Illustrative Cases from Hahnemann and Boenninghausen.

DR. HENRY C. ALLEN.

THE greatest exponent in America of high potencies, the foremost expounder of homœopathic philosophy, the keystone of the arch of Hering College, died in Chicago on January 22 last. Dr. Allen was a descendant of the famous Revolutionary character, Ethan Allen. He spent nearly fifty years in the practice of medicine, and much of that time was a teacher. From 1880 to 1885 he was Professor of Materia Medica in the Homœopathic Department of the University of Michigan. He was founder of Hering College, Chicago. His

sudden death is a surprise and cause of great sorrow throughout the entire profession, as everybody knew him either personally or through his publications. His universal acquaintance makes more comment unnecessary, although no man will be missed more at the Institute and at other gatherings of homœopathic physicians. He was born in Canada, October 2, 1836; graduated in medicine from Cleveland in 1861.

DR. A. C. CLIFTON.

WE regret to record the death of Dr. A. C. Clifton, which occurred at Northampton on February 16. His illness was a short one, and the fatal termination was from bronchitis. He was aged 83. His pioneer work for homœopathy at Northampton, his many labours there, and his life-long and enthusiastic efforts to spread the true therapeutic doctrine, as well as his generosity to the London Homœopathic Hospital, require a separate notice. This will be given by the writer of the obituary notice, his personal friend for the last thirty years.

He was buried in Northampton Cemetery on Saturday, February 20, in the presence of a large concourse of his fellow-townsmen and of several representative members of the British Homœopathic Society, amongst whom we noticed Drs. Clifton (Leicester), Dyce Brown, Dudley Wright, Burford, Johnston, Neatby, Mason, Harris, Pullar, Goldsbrough, A. E. Hawkes, Ross, and Stonham. Mr. Attwood was there, representing the London Homœopathic Hospital Board of Management, and Mr. Wood on behalf of the British Homœopathic Association.

INTIMATION.

Dr. ALEX. H. MCCANDLISH is commencing practice at 43, Royal Crescent, Holland Park Avenue, W. As will be seen from our "Editorial Notes," a Homœopathic Dispensary at 20, Kenley Street, is commencing work on March 1. We wish it all success.

CHANGE OF ADDRESS.

DR. H. D. MCCULLOCH, Physician in charge of the Electrotherapeutic and Radiographic Department, 25, New Cavendish Street, Cavendish Square, W.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: MEDICAL, In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily; SURGICAL, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. BURFORD (London), Dr. H. WYNNE THOMAS (Bromley), Dr. A. E. HAWKES (Liverpool), Dr. GALLEY BLACKLEY (London).

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMŒOPATHIC REVIEW.

APRIL, 1909.

Editorial.

THE MANSION HOUSE MEETING.

THE Mansion House Meeting on March 17 (St. Patrick's Day) was an unqualified success—a greater success than even the most enthusiastic supporters of homœopathy could have dared to hope. A full report of this great gathering will be found in our pages. The Editors have thought fit to give it the premier place in the April issue, and we are sure that our esteemed contributors, whose articles for this reason are crowded out, will forgive us on this occasion. Speaking for ourselves, the meeting was nothing less than a revelation to us, for we did not expect anything like it. It may be that some of us, deep in the recesses of our inner consciousness, have been inclined to say: "I, only I, am left, and they seek my life also." But here was a gathering of the faithful, if not 7,000, at anyrate 600, who had not bowed the knee to Baal, nor worshipped his image. The gathering, too, was almost-cosmopolitan in its character. Twenty-two towns were represented, from Edinburgh in the North to Plymouth in the South—almost from John O'Groats to Land's End. We could have wished, for the sake of the senior Editor, that Scotland had been better represented. It was without doubt the largest and most influential homœopathic meeting ever

held in this country. But it was more. It was the greatest *National* expression of interest in homœopathy ever given. Too much praise cannot be given to the Lord Mayor for his action in this matter, nor to all those who worked so hard to make the meeting a success. The Lord Mayor introduced the subject in a most excellent speech, showing that he had grasped the main facts not only from the layman's point of view, but from the professional point of view as well. Indeed, all the speakers—both lay and professional—made most excellent speeches.

What of the outcome of this great meeting? We have every reason to hope that the great National Fund will be completed within the year. When this Fund is completed homœopathy will occupy a position it has never before occupied in this country. We hope, too, that as a result of this, the day is within measurable distance when we will have a College of our own, with power to educate, examine, and license our own men.

Editorial Notes and News.

*. The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

Schlatter's Disease.

THE tubercle of the tibia, to which the ligamentum patellæ is fixed, is, in most cases, developed from the same centre of ossification as the superior epiphysis, though occasionally it may have a separate centre of its own. It forms a tongue-like prolongation extending downwards for some distance in front of the shaft. The centre of ossification for the superior epiphysis usually appears about the time of birth, and is usually firmly united to the shaft at about twenty-five years of age. Up to this age, violent and ill-regulated exercise, or any sudden contraction of the powerful quadriceps muscle, may wrench or partly separate this tongue-like process, an accident resulting in a certain amount of inflamma-

tion. This injury has been called "Schlatter's disease" since 1903. The condition, however, has been known for a very long time as "Rugby knee," and it is also well described in the late Sir James Paget's essay on "Periostitis following Sprains." On account of the pain on kneeling it has been mistaken for "housemaids'-knee." A medicine likely to be useful in this condition is *calc. phos.*

Another lesion of the same nature is found just at the attachment of the tendo Achillis to the os calcis. The centre for this epiphysis appears about the tenth year and joins the main mass about the eighteenth year. A separation or fracture may occur here from some great strain involving the calf muscles. A third injury of a similar nature occurs to the tip or tubercle of the scaphoid bone of the foot. This bone is not completely ossified until about the sixteenth or eighteenth year. Games, such as lawn tennis and football, and also strenuous dancing, may cause the lesion. Unless care be exercised it may be mistaken for commencing flat-foot.

* * * *

G.P.I.

THE difficulty of diagnosing general paralysis of the insane in its earlier stages is well known; any additional aid in its diagnosis, therefore, is welcome. Such aid appears to be afforded by microscopical examination of the cerebro-spinal fluid obtained by lumbar puncture. The fluid is centrifugalized, and the deposit is made into films and stained in the ordinary way. If the slide abounds in lymphocytes the argument is in favour of general paralysis of the insane, or at least of a syphilitic affection of the central nervous system. There are certain to be some exceptions, and time will show what are the limitations of the test; but when it is remembered how closely the symptoms of dementia præcox, for example, may simulate those of general paralysis of the insane it is important to know that the cerebro-spinal fluid exhibits no excess of lymphocytes in the former as a rule, whereas it does so in an undoubted manner in the latter.

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Pruritus Ani and Radium.

DR. ARTHUR ROBERTS, Harrogate, sends us the following interesting communication: "I see in this month's BRITISH HOMŒOPATHIC REVIEW reports of *radium* and Dr.

Dudley Wright on pruritus ani. I have had during the last year two bad cases of pruritus ani. One, a clergyman, aged about 40, had had it for a year with eczema. One dose of *radium* 30 cured him. Another, a lady, aged 30, had suffered from piles, which I cured, and afterwards with pruritus ani. One dose of *radium* 30 cured her. I ought to say I have to thank Dr. Clarke's work on *radium* for the cures."

We hope that Dr. Roberts will write us again. Like Oliver Twist, we ask for more.

It is worth noticing that in the Electrical Section of the Annual Meeting of the British Medical Association, Mr. W. Deane Butcher read a paper in which he referred specially to the action of radium in obstinate cases of pruritus. In this case, however, the radium was enclosed in a platinum capsule with a window of talc through which the diseased area was exposed to the action of the enclosed radium.

* * * *

**Overcrowding
of the
Profession.**

THE overcrowding of the profession, with reduction of professional income, to which we recently referred in these *Notes* as causing anxiety in America, is now exciting apprehension abroad, as well as in the States and in our own country. Many medical associations in France are issuing letters of warning to parents, guardians, schoolmasters and others, pointing out the unsatisfactory future that awaits the young medical graduate. It seems that increasingly large sums of money are spent annually in helping the families of doctors in distress by the Association Générale des Médecins de France. From 1891 to 1904 the amount so donated rose from 39,490 francs to 318,000. It is stated that 45 per cent. of French doctors make no more than £100 a year from practice. In our own country matters are, fortunately, not quite so bad. The *British Medical Journal* estimates the average income of the practitioner as from £200 to £250 a year. The Joint Committee of the Manchester and Salford Divisions of the *British Medical Association* has been considering the propriety of following the example of our French *confrères*, and adopting some means of warning young men who think of adopting a medical career. Accordingly, a circular letter has been drawn up with this object, and sent by this Committee to the

head masters of the public schools and grammar schools in Lancashire. This letter is given in the *British Medical Journal* for February 27. It is forcibly, but temperately worded, and ought to have the desired effect. We hear that the same trouble is also being experienced in Germany, and similar warnings are being issued there.

* * * *

No doubt much the same causes obtain in each country concerned, [the [greatest being the increased number of graduates turned out by the colleges, which is far in excess of the demand. But there is also the fact that during the last decade or so the influence of preventive medicine has made itself increasingly felt—to the great advantage of the community—and sickness is lessened, and when it occurs is more rapidly recovered from, whilst the mortality is diminished. In Paris, in 1886, the death-rate was 24·3 per 1,000, and the number of cases of illness was estimated as 243 per 1,000 inhabitants; whilst in 1904 the death-rate was only 17·6, and the cases of illness 176 per 1,000. Similarly, in England, we are gradually showing a greatly decreased death-rate, as all who observe the Registrar-General's figures, frequently given in the daily press, will have noted. Our French colleagues also complain of the great and uncontrolled increase of illegal medical practice. We doubt whether this obtains here to a like extent, though judging from the advertising columns of our papers, there would seem to be an increase in the amount of patent medicines sold. These, however, are largely taken by healthy people who would not otherwise consult a doctor. Another cause, which doubtless affects both countries equally, is the great increase of clubs, and more especially the uniting of these into single associations attended solely by their own medical men, who are usually much underpaid. A few years ago these clubs were distributed amongst the various medical men of each town, who now necessarily have lost this source of income.

* * * *

Homœopathy and Overcrowding. TAKING all these facts into consideration, there can be no doubt that a gradual diminution of the professional income has been taking place for some years in this and other countries, and that the movement is likely to continue. We do not believe, however, that homœopathic practitioners are suffering to the same extent as others. A conscientious and capable homœopath can always work up a practice, in a sufficiently large locality, in the face of the keenest old school competition. Good work always pays in the long run. Short illnesses, quick cures, and especially the curing of other men's failures, cannot remain hidden, but bears fruit after a reasonable time. This is especially the case in working-class districts. The intelligent mechanic is far quicker in grasping the value of a treatment than many in the higher grades of society; these are frequently blinded by prejudice against what is at present not "in fashion." Whilst these cries about overcrowding are in our ears is the psychological moment for capturing the discouraged young graduate, and persuading him to enquire into a method of treatment which offers not only an honourable stipend, but the still greater distinction of utilizing to the utmost the curative properties implanted by a beneficent Creator in the products of Nature.

* * * *

**Operative Cure
of Chronic
Spinal
Meningitis.**

SOME years ago we treated the case of a young married woman, who after a supposed chill from sitting on damp ground, complained of pain with progressive loss of power in the legs, which in spite of every available treatment progressed ultimately into a paraplegia. This ran the usual course and ended, after eighteen months' illness, in death. The diagnosis was difficult, and the case resembled those of tumour of the cord, but we concluded that the condition was actually one of chronic spinal meningitis. This opinion is now confirmed by a valuable lecture given by Sir Victor Horsley, reported in the *British Medical Journal* for February 27, in which the condition is explained at length, and the hopeful fact announced that such cases can often be cured by operation. They are, in short, examples of com-

pression paraplegia, due to excess of cerebro-spinal fluid distending the theca of the cord and filling up the lumen of the canal. The operation, as successfully performed by Sir Victor, consists in simple laminectomy, opening the theca, and washing it out with a mercurial lotion. The theca is not sewn up, and the skin wound is sutured without drainage. The effect seems to be analogous to that of opening the abdomen to cure tuberculous peritonitis. The escape of cerebro-spinal fluid from the wound after closure is trivial, and what soaks into the surrounding tissues is absorbed rapidly and seems to do good. Such an operation affords a notable example of the highest form of surgical achievement, restoring to health and life cases which have hitherto been doomed to a painful and lingering death. Theoretically it should be possible to promote absorption of the fluid in an early stage by homœopathic remedies—*apis* or *cantharis* perhaps—but in practice the diagnosis is so difficult, until the disease has progressed to an extent when such relief is hardly to be looked for, that successful cure by medicine must necessarily be rare and uncertain.

* * * *

**Cancer Cured
by Kali
bichromicum.**

THE intense public interest, and the state of expectancy in the profession, on the question of cancer treatment, is producing a crop of papers and letters on the subject in both medical and lay journals. Following the recommendation of cocaine in place of morphine, to which we referred in our "Notes" last month, the *British Medical Journal* for March 6 has three papers on cancer, of which one—by Dr. James Fenwick—is of considerable practical interest. This gives a series of twenty-one cases of undoubted cancer, chiefly tumours of the breast and epitheliomas, cured by injections of a saturated solution of *bichromate of potash* in water into the growths. From 7 to 15 minims were injected every two or three days, the number of injections required being from six to twenty, according to the size of the tumour. The effect appears to be to produce sloughing out of the tumour, leaving a healthy granulating surface which rapidly heals over. Three of the cases were treated by Dr. Pilkington, of Philadelphia. Rodent ulcer seems to be especially amenable

to this method ; several cases of extraordinarily rapid cure are reported. The paper is noted as a "preliminary communication," so we await further details with interest. The injections seem to cause some pain, and but little is said on this point. Superficial sores are treated by the application of the solution in absorbent wool left *in situ* for twenty-four hours. Photographs are given of several typical cases before and after treatment. The resulting scar seems to be soft, white, and healthy. Whether *kali bichromicum* has any further action on cancerous tissue than that of a caustic seems to be doubtful ; if it has not, the treatment will probably prove to be little better than that of the old arsenical paste or formalin pads, or other escharotics, which have deservedly fallen into disuse.

* * * *

**Statistics of
Homœopathic
Treatment of
the Insane.**

IN our "Notes" for March we gave statistics from the Westboro' Insane Hospital, U.S.A., showing that under homœopathic treatment the percentage of cures to admissions was 46 per cent. From the *Pacific Coast Journal of Homœopathy* we cull reports of the Southern California State Hospital for Insane, which is also under homœopathic management. For the ten years ending June 30, 1906, the percentage of cures to admissions works out at the same figure as for the Westboro' Hospital, namely, 46.68 per cent. The numbers treated were 3,099. Figures are given for four similar institutions under ordinary treatment, from which we find that out of 10,269 cases treated the average percentage of cures to admissions was 29.2, comparing with 46 in the two homœopathic hospitals. This is a good record for homœopathy, and affords striking proof that a great saving of money and time—to say nothing of suffering and distress—would be effected if all asylums were under homœopathic management. Dr. E. Scott Blair, the Medical Superintendent of the Southern California State Hospital, gives a sketch of the rapid progress of the institution since its inception in 1890. It has from the first been under homœopathic control. That the treatment is thoroughly carried out the following quotations will show : "The use of hypnotics in drug form has been relegated to the past, as we find that patients make more speedy recoveries the nearer we adhere to the homœopathic law." And again,

"Our results are much more pleasing than they were in the days when we occasionally used *morphine, hyoscin, chloral, &c.*"¹

* * * *

THE winter meeting of this Society was held at 23, The Circus, Bath, by invitation of Dr. Percy Wilde, on February 19. The meeting was a small one—about thirteen members and two visitors being present—owing to several desiring to attend the funeral of the late Dr. A. C. Clifton, on the following day. Two new members were elected to the Society—Drs. Beville, of Bath, and Stanley Wilde, of Weston-super-Mare.. Dr. Neatby, the retiring President, read as his valedictory address a paper on "Some of the Changes in the Management of Abdominal Operative Cases during the last few Years," which was followed by a short discussion. Dr. Burdon Cooper, of Bath, then gave some account of an interesting series of experiments he is making into the clinical pathology of cataract, which seemed likely—if confirmed by other observers—to considerably modify successful treatment of that disorder in the future, and to suggest a possible method of prevention in the early stages. Dr. Cooper also demonstrated some clinical methods of determining surface tension of the aqueous humour, or other secretions, and exhibited a method of electric heating useful in inflammatory conditions of the eye. Dr. Percy Wilde was elected President of the Society for the ensuing twelve months. The next meeting will be held in London at the end of June.

¹ *The Pacific Coast Journal of Homœopathy*, December, 1908, p. 459.

INAUGURATION OF "THE NATIONAL HOMŒOPATHIC FUND."

MANSION HOUSE, MARCH 17, 1909.

THE RIGHT HON. THE LORD MAYOR : My Lords, Ladies and Gentlemen,—First of all I must tell you that I have had letters of regret of inability to attend this meeting from the Earl of Denbigh, Countesses of Crawford, Kintore (Dowager), Sefton, Gainsborough, Cairns (Dowager), Lord Kinsale, Ladies Clonbrook, Headley, O'Hagan, and Battersea, the Baroness Amy Nordhoff, Sir Edwin Durning-Lawrence, Bart., Sir Alexander Henderson, Bart., Sir Wm. Cooper, C.I.E., Sir Geo. White, M.P., and Geo. Franklin, Esq., D.Litt., Vice-Chancellor of the University of Sheffield.

I have also received a very interesting letter from Professor Gilbert Murray, Regius Professor of Greek at Oxford, in which he expresses his great interest in the practice of homœopathy, of which system he has been a patient for very many years. Then I am pleased to tell you that represented here, I believe, are some twenty-two provincial towns, comprising the area from Edinburgh to Margate, Liverpool to Torquay and Ramsgate to Norwich, so you will see interest in this meeting is fairly widespread. Then we have the pleasure of having here to-day the Right Hon. the Earl of Dysart, but his lordship wishes me to tell you, as he is not able to take any part in this meeting himself, that he wishes to say that in regard to a suggestion that homœopathy is a kind of faith healing, that that will hardly bear investigation, because of its success in dealing with cases of disease in children and animals, who certainly in one case are not able, and in the other case are too young, to reason.

Now, ladies and gentlemen, let me, first of all, give you a very hearty welcome to the Mansion House. This hall has been the scene of many meetings connected with various subjects, but I believe it is the first time that subject has been connected with medical practice. We are indebted for the organization of this meeting (a very large and influential one) to the British Homœopathic Association — an Association which had its genesis in a meeting in the City of London

in the Hall of the Guild of the Stationers Company some eight or nine years ago, and which, during the intervening period, has done some excellent work in the direction of the promotion of the homœopathic science.

It may be suggested, why should the Lord Mayor have called together a meeting which might be considered to deal with a subject in antagonism to the accepted system of medical treatment? I wish to say at once that we are not here to-day in a spirit of hostility to the orthodox medical practice, but rather the contrary. I consider we are met here to-day to help that practice. We are living in an age of enquiry and scepticism, and enquiry and scepticism have entered even into the ranks of the medical profession; and there are many medical men at the present day, of that which I will call, for the moment, the old school, who are getting very tired of their present use of drugs. In fact, there is a great disposition to set drugs on one side altogether. Well, now, it appears to me that, therefore, the field is ripe for calling the attention of the public to the practice of homœopathy.

We have a motto over the doors of the court, to which I have the honour to belong—our Court of Aldermen—which reads: "*Audi alteram partem*," and that is the motto I wish you to write over the portals of the Mansion House to-day. We are desirous that the study of homœopathy should have a hearing. The scheme of medicine with which we are concerned has weathered the storm for over one hundred years, and there is an immense and growing vitality in it. Therefore it cannot be said to be, in any sense, a modern undertaking. If it had been capable of being killed it certainly would have succumbed very many years ago. What we desire to-day is to try to bring a battering ram against that wall of partition which—I cannot understand why or wherefore—has been built up and erected between the two great methods of medical practice. I am speaking now of allopathy and homœopathy. We want, if possible at all events, to reduce that wall to such a height that we may be able to shake hands over it.

It is astonishing to me that still, here in the twentieth century, the practice of homœopathy should be ostracized by the general profession and also by the State. Those who

are qualified medical men practising homœopathy, it must be remembered, have been brought up in the usual curriculum of our general hospitals in the orthodox system, and they have only broken away from the old faith upon sincere conviction; and I think one of the strong points in favour of homœopathy is this, that so convinced are its practitioners that they voluntarily give up all chance of advancement in their profession in order to practise the system of medicine they consider the best for mankind. Now why should there be any ostracism of homœopathy? They make no secret of their practice—they are not a secret society. They continually throw down the gauntlet—they tell you exactly their system; and, after all, it is something to work upon a system! I would call homœopathy, in regard to medicine, the “system of precision” in contradistinction to what I would call the “system of empiricism.” Curiously enough, modern research in medicine is tending to prove the accuracy of the homœopathic law. The best results obtained by those of the old school at the present time are obtained from using drugs prepared in a way which is distinctly in accordance with homœopathic law. I would go a little farther. If homœopathy were no better—I think it is—than the old practice—let us say, certainly as good—mind I think it is better, and certainly pleasanter and more convenient, and, as I say, it has some system behind it—it is a practice which admits of dealing in a really curative way with disease. Now, I was saying just now there is a spirit of scepticism abroad. What we want to do is to call the attention particularly of the rising generation of medical students in our hospitals to homœopathic law and practice. What is courted by homœopaths is investigation, and I am going to throw out a sort of challenge. I should like to see the medical staff of one of our great hospitals, broad-minded enough to place at the disposal of certain homœopathic physicians a ward in that hospital where patients may be treated entirely under homœopathic conditions, and I cannot conceive why that should be denied to them. It is enquiry and investigation that is courted; and if, as a result, it be found—as I know it will not—that there is no truth at the foundation of homœopathy, then let us do away with homœopathy altogether! That is the proper thing to do, and

not to ostracize those now practising it; and not to say, without investigation, that there is nothing at all in it, and it is all nonsense.

Two or three words more and I will finish, for we have a number of speakers this afternoon. We have some cousins—we are very pleased to call them cousins—on the other side of the Atlantic Ocean, and we look upon them as very intelligent cousins. What has been done in America? The doors have been thrown open to homœopathy on the same basis as to allopathy. We find many positions of the highest orders occupied by professors and physicians of homœopathy. Why should not the same thing occur in this country? It is in the hope that by this meeting we may court enquiry into homœopathy—for it is enquiry by the public that is required, because if the public first demand to know something of homœopathy, there will soon be those who will supply the knowledge—it is in the hope that that will be the result of this meeting that I have called you together and very cordially welcome you.

Now I am going to ask Mr. Willett, who is trying to let more daylight into our operations, to let daylight into us to-day.

WILLIAM WILLETT, Esq., F.R.A.S. (London): My Lord Mayor, my Lords, Ladies and Gentlemen,—I am asked to propose the first resolution, which reads:—

"That this meeting regards homœopathy as an important asset in the National health, deems its advancement to be an important interest of the State, and welcomes the action of the Lord Mayor in holding this Conference."

You will observe that this resolution is put before you in three parts. In the first we are asked to record our opinion that "homœopathy is an important asset in the National health." We shall very quickly be taught why, and we shall as rapidly answer: because homœopathy, being a practice of medicine founded on the knowledge of the truth that likes may be cured by likes, is certain to succeed. It is not a new truth. Glimmerings of it have been seen by many in all ages of the world, at anyrate as far back as Hippocrates this method of healing sickness would hold good; and we know from our own experience it may bring relief to sufferers in mind and body most rapidly, certainly, and safely; in fact,

more certainly than any other method revealed to us. Most of us, I suppose, are in the position with regard to medicine of the man who advised his son about honesty—we have tried both ways. At anyrate, I have; and I speak very feelingly in regard to homœopathy, for there is placed in the hands of every careful physician the power of magnifying constitutional advantages, eradicating defects and warding off disease; and I would also say that not only is this power in the hands of the physician, but it also enables the ordinary layman in cases of emergency to deal with a crisis, which perhaps would be allowed to drift into a very serious condition, if someone with knowledge were not at hand to remedy the immediate cause of trouble. This knowledge, of course, cannot be gained all at once; it is gained gradually, over a period of years, if one takes the trouble to read and to listen to the doctors whom one has the good fortune to meet, most of whom, I have found, are willing to let us see the way in which they treat. At all events, whether by the hands of the physician or layman, sickness is relieved and life prolonged. Therefore, I say this may claim to be an important asset in the National health.

Secondly, we deem "its advancement to be an important interest of the State." Again the question "why" will be asked, and nobly we shall say, until the followers of any science find the road to truth there is little progress; they must be simply blind leaders of the blind. This is the condition in which we think the orthodox school now stands. I have even heard it stated as a qualification that a great doctor never gives you any medicine—an allopathic doctor, of course! To rest and be thankful is very comfortable, but it does not mean progress. Great Britain must wake up if she is to lead the nations. It is regrettable that resistance should be made, but it is not unusual. The orthodox in all ages have persecuted those to whom the divine truth of healing has been given. We can remember Harvey and others. Our method is to have courage to defy the orthodox and prove that through homœopathy lies the path of progress in medicine, and that it is to the interest of the State to grant a formal recognition to homœopathy.

Finally, we desire to place on record that this meeting "welcomes the action of the Lord Mayor in holding this

Conference." He has had the courage of his convictions and recognized that only by harmonious co-operation can sufficient force be evolved, and that it is a disgrace to Englishmen to know practically nothing of homœopathy, and that it is well worth their while to learn it. By this action of the Lord Mayor, enquiry will be aroused and interest stimulated. Let him be assured by our heartiness that he has a solid phalanx of supporters to get homœopathy recognized as practised by its most able exponents of the present day.

S. J. TENNANT, Esq. (Manchester): My Lord Mayor,—I have been asked to second this resolution, and I need not say it gives me very great pleasure to do so. I suppose I stand on this platform somewhat of an object-lesson, for I never recollect being treated under any other system. Homœopathy has been heard of practically, and passed through many phases, during the last one hundred years. I can go back and recollect what it was more than fifty years ago, when I was comparatively young. At that time it was somewhat of an object of ridicule, and, I suppose it was, later on, looked upon with scarcely veiled contempt. Now, I am afraid when its power is becoming more fully recognized, we may find, I daresay, that there is something more than contempt; it has aroused a somewhat vindictive feeling in the minds of many of the old practitioners. I am thankful to it myself—from a recollection of its benefits to me in having brought up the whole of my family under this system, for none of them had the misfortune to commence or continue life by receiving any drugs but those sanctioned by this system. Consistently with my thankfulness to the system, I have never withheld my respect from the members of that great profession to whom, after all, humanity is greatly indebted. But we must progress, and, as the Lord Mayor has said, this subject is one worthy of enquiry. There can be no doubt, from this assemblage, that the State ought to wake up and look to it to see what is to become of what, I may say, is a very valuable asset to it. This audience thus forms a great asset to the State—to say nothing of the multitude it represents outside this city and in the provinces. I am delighted to see that London is so well represented, and is such a stronghold of the system. I wish I could say the same

of the benighted part of the country from which I come—the North. There we fail, though the methods of homœopathy are strongly recognized by many. All over the county of Lancashire, and also of Yorkshire, we have great difficulty in meeting with properly qualified homœopathic practitioners—they are scattered far and wide. I feel this particularly.

I was mentioning to a gentleman the other day that my family had been brought up under this system, but had to tell him that, for medical assistance apart from what they themselves are able to impart, some of them have to rely upon doctors sixteen or seventeen miles distant. Now, that is a state of affairs that I think a vigorous propaganda in favour of the extension of homœopathy would do a great deal to remedy. I was also told that round London there are settled a large number of young students. Now I think, as one result of this great meeting, some influence might be brought to bear on some of these young men—not only to extend the practice of homœopathy, but to do a direct very great service to the system itself. Now, our great desire is that the world should benefit by this system, which we believe most sincerely is for the good of humanity, and will relieve a great deal of unnecessary suffering, especially in the early stages of life. I believe much infantile mortality arises from the old methods of dealing with their tender bodies.

My Lord Mayor, I have great pleasure in seconding this resolution, and in thanking you for the great thought of this meeting. You are doing an incalculable service to homœopathy.

The resolution was put to the meeting, and carried unanimously.

Dr. WHEELER (London) : My Lords, Ladies and Gentlemen,—I beg to propose the following resolution :—

“That this meeting urges the wider prosecution of original research into the problems of medicine on homœopathic lines ; desires an ampler foundation for a teaching and examining medical school ; and affirms the necessity for an immediate increase in the homœopathic hospital provision for the country.”

For my part, I would direct your attention principally to the question of research, without prejudice to the other im-

portant matters. I suggest to you that the matter of research in our own laboratories and by our own men is worthy of your consideration for a variety of reasons. First, as educational institutions, we look forward to having, in the future, more men to train than we have had in the past. It is very desirable to have laboratories, to continue them on the same lines as before, and possibly to elucidate some of the problems. Secondly, also to keep in touch with other laboratories. We cannot compete with them in the quantity of work they do. We are always ready to take advantage and acknowledge the work they do ; and if we could make some small contributions to their fields of research, they may stand on our part as symbols of that fraternity in the medical profession that we, at least, have never denied. There is a more important point still—the methods of laboratory research have extended much in study in the last few years. Especially has there been a great increase in our power. I believe the time has come, or will soon come, that it will be possible in the laboratory to give demonstrations, that can be repeated in others, of the law in which we believe. These reactions to stimuli can be investigated in the laboratory. It is of great importance to us. Our faith in that law is founded on the clinical method. We believe in the law because we have tried its effects on disease, and they have not failed us ; but, in their lack of belief in general therapeutics, those who call themselves orthodox have changed their colour on occasions. They have come to lose all faith in drugs, and make the laboratory into a court of final appeal ; so that they hardly believe a patient is well or ill without the verdict of the laboratory. We want to show them some evidence in this final court. If we can do this, we could perhaps convince them by the clinical test, which every man can apply to himself. And we could, perhaps, establish the law of "Similia" as a universal law.

There is one very important reason still for our own sakes—we want new weapons, and to perfect those we have. The application of our law depends on our knowledge of the effects produced by drugs—that is, by experiments. We must try these drugs on the human patient and record the results. Homœopathy has not been backward from Hahnemann onwards. Homœopaths have made their contributions—those

of England, if not many, are at least important. In medicine there are no frontiers; all work, all over the world, is at our disposal. One hundred years after Hahnemann, we have a large knowledge of drugs, but we want to know more; and if we could double the number of drugs at our disposal, no doubt we could double our power of doing good. It might be a question of life or death to have knowledge of some drug; because, if we have powerful agents, there are very likely others more powerful. That wants time, devotion, and money. The British Homœopathic Association, in this matter as in others, has traced the furrow that this meeting is to deepen. They will tell you what it costs, even to begin this work. It is one that deserves support. If you will help us, it will be for homœopathy to find the men and time and labour, and for the public to find the money. I commend this cause as one worthy of your support.

Dr. BURFORD (London): My Lord Mayor, my Lords, Ladies and Gentlemen,—I believe it is not unknown for a skilled Parliamentary draughtsman to crystallize the gist of his instructions in an illuminative phrase, to which the remaining clauses are auxiliary. Some skilled draughtsman must have drawn up this agenda; for its sections are the heads of our Homœopathic Bill; and the inter-penetrating clause, captain and chief of them all, is the centre-piece of this resolution, setting forth our ideal educational establishment. The whole homœopathic edifice has this as its corner-stone, its foundation, nay, as its very bed-rock on which this fine structure is rooted. No part of practical homœopathy but has this effective equipment of the homœopathic schools as its flying buttress and support.

Take research. My distinguished colleague has spoken of the educational value of research. No one among laymen has put this more lucidly and more cogently than Mr. Balfour, who, within this last fortnight, has urged the enormous value of research to the nation. Research capacity is the fine flower of professional culture—the capacity to see and interpret. That is the educational value of research.

Take hospitals. Homœopathy is what its hospitals have made it. Recall the enormous value of the sound opinion, the balanced judgment, in the saving of valuable lives, in the

wide problem of State medicine ; and see how the educative value of long hospital experience contributes weight and effectiveness.

Take the problem of the shortage of homœopathic physicians, compared with the insistent demand for them. Note how definitely this is linked with an insufficiently wide educational portal, and an insufficiently provided homœopathic academic staff.

Take, finally, the ultimate warrant for homœopathy—its value to the State—its utility to the whole Commonwealth, in saving health and prolonging life, for by these will homœopathy stand or fall. What has so largely let and hindered homœopathy from taking its proper position—sponsor for the health and welfare of the whole nation—as the inadequacy of its means of conveying accurate information about itself to allied professions ?

Research and hospital work, and professional adherents and popular acceptance, all are transfused by the central influence of homœopathic education. Quite differently do they do things in the great Republic. There, with commendable enterprise, wherever homœopathy has established a footing in a new State, it founds a college, obtains State powers to train and examine, and the issue is that homœopathic physicians increase at a rate that speaks volumes for the intelligence of the American people. Think of over eleven hundred homœopathic physicians in the State of Massachusetts ; and connect this with the existence of the Boston University School of Medicine, one of the finest homœopathic schools in America ! Do not think we have been idle or intellectually blind. Ever since British homœopathy took root, its leaders have grappled with this duty of providing effective homœopathic professional training. The London Homœopathic Hospital, ever since the cessation of the London School of Homœopathy, has borne the burden and heat of the day. As an institution for the clinical teaching of homœopathy it stands unrivalled. The Liverpool Hospital, centre of a brilliant coterie of homœopathic personalities, has taken its educational part, down to those lectures by Dr. Hayward on "Tropical Medicine," which are reputed to have so interested Sir A. Jones. The British Homœopathic Association, founded,

my Lord Mayor, under your own distinguished auspices, has striven to unify our educational powers; and has, in connection with the London Homœopathic Hospital, put through, for the first time this year, a really effective educational course, subsidized by the trustees of Mrs. Honyman-Gillespie.

It is no longer necessary to expatriate any professional man desirous of acquiring a complete course of the theory and practice of homœopathy, the arrangements are at our own doors. We elect to get our own teachers to give their own lectures for our own students; academic work, put out, is always scrappy. Well, what more do we want? We want not only to deserve success but to achieve it. What has intervened like a restraining hand between our plans and their full fruition? It has been what may be called the policy of the water-tight compartment—the aloofness of our educational plans from necessary supports, such as a provision for accurate information about ourselves for profession and public; from keeping homœopathic usefulness ever in the public eye by ever-increasing hospital establishments, from taking our part in those State medical problems like tubercle and cancer in which His Majesty the King has signified so direct an interest. What wonder that our homœopathic educational work has languished in air without visible means of support! Let us work up our educational arrangements with the totality of homœopathic activities—the part is never healthy detached from the whole. Here, let me, as the focus of my remarks, put my appeal in the plainest of English. I appeal to the princes of finance, to the dignitaries of commerce, to expedite the wheels of progress, and to provide a central building and equipment for research, for academic homœopathic education, for the various scientific work which our school requires as support. Unifying the clinical teaching done in hospitals, linking up the active and potential energies of homœopathy all over the country. It would have a name and a place which would immortalize its founder and ever evoke the praise of a grateful humanity. It requires the idea of the statesman to link up our academic foundation on the one part, with new hospital settlements on a second part, with the dissemination of accurate knowledge of what homœopathy is and what it

does on another part, with the initiative for the foundation of infectious hospitals, for sanatoria, as they are required, and so maintain a balance of agencies for each and all.

Only by some such intentioning can an academic homœopathic foundation live and prosper; just such a many-sided whole as I note is to be submitted to you by my Lord Cawdor. It is for this extra hospital homœopathy, National and charitable, that we require a local habitation and a name. Then, in the completeness of our establishment and the hey-day of our vigour, we might properly ask for legal powers to train and examine in homœopathic medicine.

Let it be clearly understood that we are not setting out to do that for which we have no special fitness. The non-homœopathic parts of medical education are magnificently provided for already in those splendid establishments which are a credit to our country. But what experience has shown we can concentrate upon is this homœopathy which is ours, which we know, which we can teach, and which the existing medical establishments cannot and do not. That is our rôle—that is our sphere of action; in that we are on perfectly safe ground.

I confidently hope, in seconding this resolution, that this representative meeting, in this historic place, will give its imprimatur to this practicable and necessary work. Now's the day and now's the hour; and the successful issue, my Lord Mayor, will be one with which your personality and your inspiring spirit will be indissolubly associated.

Dr. PERCY WILDE (Bath): My Lord Mayor, my Lords, Ladies and Gentlemen,—In rising to support this resolution, which refers to the necessity for an immediate increase in hospitals in this country, so ably proposed and seconded by Dr. Wheeler and Dr. Burford, I should like to speak of the very enormous importance of having more homœopathic hospitals in this kingdom. We all realize the enormous difficulty before us. In London here you have a hospital we are all proud of, which worthily represents the cause of homœopathy. You have a staff of surgeons who are devoted to homœopathy—no amount of trouble or labour is too much for them. We honour them; but I think, ladies and gentlemen, that they receive a great stimulus from the very cordial way

in which their efforts to advance the institution are met by subscribers.

Now, in the provinces, our position is very different. We have, first of all, a much smaller number of subscribers to deal with. Our subscription list is almost a fixed amount, and we must cut down our work according to subscriptions. If you read the account of various hospitals, you will find they say: "We could have done more work if we had more money." This sort of thing is not encouraging. The homœopathic hospitals and dispensaries are specially popular with the poorer classes, and you have to refuse them help because you have no funds. It is one of the most distressing parts of our work. We considered it very carefully fifteen years ago, and came to the conclusion that our difficulty was the limit of charity—the limits of those who wish to help us. We tried to make the hospital more self-supporting, and the view we took then was that, if the hospital was open to all classes it would do greater service to the State. There is a large class of people we should not allow to enter our wards because they are not poor enough, and yet not rich enough to pay for proper nursing. No class wants our sympathy more. There is another class—perfectly willing to pay for all the services rendered to them; but for a serious operation, there is nothing better to offer them than the private nursing home. That is one of the things that the hospitals should be able to do. Our experience is this, that it is no use to take an existing hospital for the sick poor and add a few private wards to provide for this section of the public. The hospital for all classes of the public must be equipped specially for that purpose. For private patients, you must be able to protect them; and the hospital must be properly equipped for people who cannot afford to pay for treatment. If one tries to carry out such an institution as we have at Bath, you must begin at the right end. We do not try to have two parts under one committee. I think it would be a great help to found similar hospitals throughout the country. Our experience is that we have had to build one extension after another to meet the demands of the patients we have. Now the building is big enough, but we cannot meet the demands made by patients. There is a great pressing need for such hospitals now, and if you had the

money, even to lend, to start with, it would advance the interests of homœopathy to an enormous extent. Wherever a hospital exists, homœopathy is held in respect. We have done this by making the hospital self-supporting. I think myself that this question of the self-helping hospital should receive more attention than it has. The real objection raised to it is, that if you encourage people to come to the hospitals, what is to become of the doctor? Well, the doctor has his proper place. Our rule at Bath is for the doctor to send patients into the hospital. It is good for the hospital and good for the doctor to have institutions where everything can be properly carried out. It is necessary to have something for those who are sick, whether of the upper or poorer class, and I would like to see every hospital embody these particular privileges.

The resolution was put to the meeting and carried unanimously.

The EARL CAWDOR, P.C.: My Lord Mayor, my Lords, Ladies and Gentlemen,—May I, before proceeding to deal with the resolution in my hands, tender one word of thanks to your Lordship for getting together this great gathering in this great hall. It was a happy inspiration of your Lordship's, and I feel sure that you have at heart, so keenly, the interests of homœopathy, that it will be satisfaction to you to see that your appeal and your invitation has been answered with such alacrity. I think I am right in saying this gathering represents every part of the country—the town population and the country population—people from the north, the south, the east and the west. I have, my Lord, now to try to make good the institution of a national fund. I feel rather tempted to say to anyone who doubts the necessity of it, "kindly look around and you have your answer." We should not have a gathering of this kind here to-day, if this necessity were not much in all our hearts; but I feel you will hardly exonerate me from saying many words beyond that in favour of the appeal you have made. The appeal we are making and the resolution I have to move is, "That a national fund be raised to assist in the support of the homœopathic institutions in the United Kingdom, and in the foundation, maintenance and endowment of new homœopathic hospitals, cottage

hospitals and dispensaries in the United Kingdom." Then follow five further heads, which I think I need not deal with specially. I am not here to argue the benefits of homœopathy—I *know* them. There are many of those here who know them well. It is not a matter for argument or discussion; it is a matter that we know in our daily lives. There are many in this hall who owe life and activity to the benefits of homœopathy; and therefore it is not a matter of argument with us—it is a matter of our everyday experience and comfort and knowledge. But these benefits, greatly as many of us have been blessed with them, are not extended as widely as we could wish. We, who have the benefit of living in this metropolis, have the services of homœopathic practitioners of skill and eminence, and know the comfort and benefit of their advice and treatment.

The object of this National fund is to extend and widen those benefits to those who have not got them. We have all been much struck by Dr. Wilde's speech. He seemed to me to strike the right keynote in his story of the needs of hospitals, and of the different classes of hospitals we need for the higher classes, for the middle classes who can pay a certain amount but not all, and for the poorer classes to whom we wish to extend the enormous benefits of homœopathic treatment. We wish to widen and extend these benefits; we know their great value, and we want to extend to our poorer brethren the blessings which we enjoy ourselves. Are we doing this in the right way? What are you aiming at, my Lord? If anyone will study this question, he will find the first place where you have medical advice is the dispensary. This is the first starting-point of hospital treatment of any kind. When you have this, you must go on to the cottage hospital—the next step; and from that to your real hospital, drawn up, if possible, on the lines suggested by Dr. Wilde, at all events an efficient and full-blown hospital that can give its efficient and valuable assistance to every class. How far have we got yet with respect to this matter? There seems to be only one very blessed country, which lies, I am told, south of the Thames. I do not know what establishes homœopathic hospitals there more than in other parts of the country. You have, south of the Thames, including

London, nine homœopathic hospitals, in the Midlands only two, in our great northern districts only one—at Liverpool. Scotland (I grieve to say myself) and Ireland (I know Lord Donoughmore will say) are much to be pitied, for they have none. That emphasizes, surely, the need for an extension of cottage hospitals and hospitals. Now, are we going to help get them? I am not minimizing in the slightest degree the need for homœopathic medical education, or the need for research on homœopathic lines. All these things and the details in the further part of the resolution follow on from the same lines. I am only taking the homœopathic hospitals and dispensaries as a type of the immediate work to be done, if homœopathy is to spread and grow. I know quite well that some people will tell you that you are going to do more harm with this big fund than good, you are going to poach on other people's preserves and cut down the local support by sweeping into your net the money that other people would get. I believe that to be an absolute fallacy. My firm belief is that, by establishing such a fund as this, we shall stimulate local effort and contribution; and I will tell you why, my Lord. What we all like to feel, when we give our donation, big or small, whether millionaire or peasant, is that we know what we give is going to produce a tangible result. How can we bring this about? I can give you a sample of how it has worked already. I think many in this hall have the same experience. I take it from the way in which we have worked in many parts of the country to obtain assistance for church purposes. We have felt great difficulty, and I think it applies not only to the church to which I belong, but to many others. Therefore, we establish a diocesan fund, and I think we have them in every diocese throughout the country. What has been the result? The local people wish to raise money for a certain fund; but can only get, say, £100. Therefore, the local fund stagnates. But you go to the local diocesan fund, who say: "Raise your local fund to £100 and we will give another £100." They come to London and the London people say: "We will double it." So what does that mean? Everyone then can give £1, and you can say you can make it £4. Is not that an assistance to your local fund? The practical way of dealing with questions

of this kind is that every contribution will be used in such a way as to produce a definite result. That, I believe, will be, to some extent, the result of the fund you are endeavouring to raise to-day. It is a fund to which all our hearts go out. No one can feel that the vigour of his life is due to a certain system of medicine—no one can do that and feel his energies and life stimulated; and not long, in his heart, to do whatever in him lies, to stretch out to his fellow-countrymen the same benefits he has himself so widely and so freely enjoyed.

The EARL OF DONOUGHMORE: My Lord Mayor, my Lords, Ladies and Gentlemen,—I am reminded by the circumstances in which I find myself that there is a maxim at the British Bar—that distinguished profession we all admire and the members of which we all envy, but from the clutches of which we all try to keep free—that when your learned leader has made a great speech, his junior should be careful to say nothing; as the only result of doing so will be to spoil the effect of what his leader has said. I feel, very consciously, that, this afternoon, if anyone in the world is entitled to move such a resolution, my noble friend is entitled to do so by the good he has done all his life for homœopathy. Therefore, though it is always assumed that an Irishman is anxious to let loose a Niagara of eloquence, I am content with a very short speech. I desire, first of all, most cordially, to agree with what Lord Cawdor had said as to our indebtedness to the Lord Mayor in bringing us here to-day. He had an opportunity of rendering homœopathy a service such as no man had before, and I am quite certain, when he comes some six months hence to begin to look back on what we know will prove a great filling of the great chair, he will look upon this afternoon's work with no less satisfaction than the many other great things.

It seems to me—I am always an optimist—that we, believing in homœopathy, have two things upon which to congratulate ourselves at the present day. The first is that which your Lordship referred to slightly in opening to-day's proceedings—an undoubted approximation to our beliefs in the other medical world—greater in size but not in importance. It was only three days ago, if I may mention a small personal experience, that, down in the provinces, I was conversing

with a very distinguished member of the medical profession. He started the conversation himself by saying : "I believe you are a believer in homœopathy," and I said that was the case. He began by saying : "I do not believe in it at all, but I am struck by one thing about homœopathy—by your system of giving small doses ; and I believe it thoroughly sound and employ it myself with all patients, till I find out they can stand a larger dose." I thought : "Yes, my friend, you are beginning to employ our methods. I expect, if you look into your heart of hearts, you are not above using our medicines. Could you not drop a little of that *odium medicum*, which finds a prominent place in all public prominent utterances." May we not therefore hope that the day may not be so very far distant when they will not be ashamed to meet our practitioners in consultation. There is a second point of considerable satisfaction—the extraordinary progress of homœopathy, considering it is practically only one hundred years old. After all, the study of medicine is, I suppose, the oldest science, except, perhaps, astronomy, in the world. Medicine, as we know it at present, is the result of thousands of years of study ; and it is, surely, a very satisfactory thing that homœopathy can have made the enormous progress it has. I believe there are 20,000 practitioners of it in the United States. Is it not wonderful to have made this progress on what is, after all, founded on the experience of three or four thousand ? I therefore take comfort from the fact that homœopathy has made this enormous growth in comparatively a short time. But undoubtedly we in England, as far as numbers go, have not progressed at the same speed as our friends on the other side of the Atlantic, and I think that is unsatisfactory, for there is no fundamental reason why our progress should not be as fast, and it seems to me that the whole thing centres on one idea, namely, propaganda. I do not minimize the importance of other things. We want more doctors, hospitals, convalescent homes and opportunities for research ; but all these will come if our propaganda is only right, or rather, to use a more familiar word, if you are thoroughly up-to-date in your methods of advertisement. That is the kernel of the modern social organization. I regret that fact. I was brought up in the idea that work is better if unosten-

tatious; but we are all in such a hurry that, unless things are put before the public in great flaring letters, they take no notice at all. You see it everywhere. You see it going on to-day. At the present moment, the army is enjoying a very good advertisement—a battalion of the Guards has been taken to Hastings, and the advertisement is all the better as they have gone in somebody else's motor cars. The latest development has been in Oxford Street. The whole of London has been startled by advertisements in every language under the sun. Think of an imaginary case. Supposing you had not a vote, and wanted one. Would you in carrying on a very sharp and keen campaign, entirely neglect the cause of advertisement. As I have said, this is the centre of all our lives. If you want to sell soap, pills, beef extract, your advertisements are much more important than the actual thing you sell. I regret it, but it has come and come to stay, and it is certainly our duty, as homœopaths, therefore, not to neglect it. But if advertisement, or its more polite name, propaganda, is to be properly followed up, you want a very great deal of money, and that, to my mind, is one of the chief justifications for the setting up of the fund which is spoken of in this resolution, which I have been asked to second, and I believe that the setting up of this fund, by supplementing local effort and concentrating it, will be of intense value to the cause we all have at heart. I say, with all sincerity, that I wish this fund all success and commend this resolution to your notice.

Sir ROBERT PERKS, Bart., M.P.: My Lord Mayor,—The only addition I would venture to make to the noble Lord's speech on advertisement is that you must, generally, have a good article to sell, or sooner or later you come absolutely to grief. When Lord Cawdor was chairman of a certain great railway company, no advertisement would have done much good if he had not carried the passengers to their destinations quickly, cheaply, and safely; and one of the many attractions of homœopathy, to my mind, has been that if you want to get cured, you do it quickly, cheaply (possibly), and (certainly) safely. So, in the City of London, when any project is to be submitted to its commercial men, you generally ask two questions. You look, first of all, at the names of the people who

are associated with it and are godfather for it, and, leaving out of consideration for the moment the local peers who are believers in homœopathy, and whose longevity is due to that fact, if you look down the list of supporters of this system of medicine, I think you will find some of the shrewdest men and women in the country. Another question one generally asks concerning a business project is: "What has been its record and its results?" and I venture to say that, tried by that test—the best of tests—the test of experience, not theory—homœopathy will hold its own with any other branch of medicine. I was much struck, my Lord Mayor, by the suggestion that the governors of some of our hospitals and the medical men forming their councils should place some wards in their hospital at our disposal, and that they would possibly commend their own branch of medical treatment more thoroughly if, instead of holding homœopathy at arm's length and refusing to discuss it—perhaps with those accomplished doctors guiding that branch of practice—they would place, as you have suggested, some wards in their hospitals at our disposal, so that, if we are wrong, it may be proved as rapidly as possible.

Lord Cawdor, I think, referred to the results of the diocesan arrangements in connection with stimulating the generosity of the community. I am not very familiar with their arrangements, but I know something of a great fund started a few years ago for raising one million sterling and the effect of that on the fact of local contributions. The effect was—not by the few contributions of millionaires, for that community has no millionaires, it was raised by the contributions of the masses of the people—that it called forth a local contribution, stimulated by grants which might easily be dealt with in a similar way as would the distribution of this fund. It called forth a contribution of four million sterling. That shows how local contributions may be stimulated by grants from a central fund.

At this late hour I will not further trespass, my Lord Mayor. You told us to look around, and I was reminded of that inscription on the tombstone of a local doctor: "If you seek my monument, look around." I need hardly say that country doctor was an allopath.

The resolution was put to the meeting and carried unanimously.

Colonel CLIFTON BROWN (London): At this hour of the afternoon, when the gentlemen who have just preceded me have made their speeches short on account of the time, I think I am entitled to say very little on the subject. It is by the orders of the Lord Mayor that I propose this resolution for homœopathy: "That the Governing Body for the discretionary administration of the Fund be nominated." I must ask you to leave one name off that list, for I have never before proposed my own name on a list of that sort. I know the names. I see a strong Ladies' Committee. All, I think, will do their duty. I have one remark only to make on homœopathy. I had some hesitation in backing up this scheme on account of the size of the programme and the amount of the money required, but from the speeches I have heard and the evidence before us, I think we shall have no difficulty in raising a great portion, and it is only the duty of this Committee to expend it properly. I had some hesitation in this respect—that we have a magnificent hospital in the centre of London, and we should not like it to be crippled by funds going in a different direction. That hospital is not only floated, but *swimming*, I may say. I think we cannot object to some of the funds going to the outside societies, because they say: "Cast your bread upon the waters and there comes back to the parent institution ten times more." The chief thing, I think, is to put homœopathy on a sound and recognized footing. We are running a race with the allopaths, but how can we do so without a sound basis and a good footing? I think the medical trade very valuable, but I call it a "kill or cure" trade. If you put homœopathic doctors with the allopaths, you will find there will be a much greater percentage of cures to the homœopaths than to the allopaths.

Dr. J. H. CLARKE (London): My Lord Mayor, my Lords, Ladies and Gentlemen,—I have very great pleasure in seconding this resolution—the names combined on this list are evidence that homœopathy in Great Britain is organizing itself. On this day homœopathy commences to take its destiny into its own hands. For many years past homœopathy in this country has been sterilized by one fact—professional homœopaths have always been looking to the professional allopaths to recognize them, to recognize homœo-

pathy, to accept homœopathy in the hospitals and to do a great number of things which they are not in the very least likely to do. If we were in their position, we should not do it ourselves; and I find it a good maxim not to expect other people to be wiser or better than yourself, if you wish to get anything out of them. I think this day will be a great day in your civic year, my Lord Mayor—St. Patrick's Day, 1909, will be a day to be remembered. We had in our country a few months ago one of the most eminent of the American doctors. He was at a meeting of the British Homœopathic Society and at a supper afterwards. He was talking of the happy state of affairs in America and was asked: "How did this come about?" He replied promptly: "We rode roughshod over the profession and went to the public." That, my Lord Mayor, is what we propose to do now, and that is what will be the beginning of the second century of homœopathy. What is allopathy that we should take so much notice of it? It has been described by its own professors. One of the most eminent described it as the system "founded on conjecture and improved by murder." Now, I never like to quarrel with an expert, so I will accept his definition, with only one comment, that the rate of improvement is so slow as not to be worth the price. That is what Hahnemann found—he refused to take any part in the improving process. Rather than poison his patients, unlike the allopathic eminent doctor, he set to work to find out whether there was not something better than conjecture. He had to find an art and science of medicine; and by working as only Hahnemann could work, he found there was a basis and a law in medicine, and that law he evolved, and one hundred years ago—come next year—he published his great work, which thoroughly elaborated the homœopathic system. How did he do that? By experiments; but what sort of experiments? They were made on himself and on willing workers who submitted themselves. It is on those experiments that homœopathy is founded—they demanded no violence—no one unwillingly was put to pain. Homœopathy is a great educating and civilizing force. We are here to promote hospitals and all that; but we are doing still more.

There is only one objection that I see in homœopathy—

it is rather a serious thing—it demands the use of brains. There is no turning of a crank, or putting a penny in the slot, you have to work out every case. Our allopathic friends are always trying to find cures, but we have to take every case and work it out. That is where the great difficulty is, and why homœopathy has not progressed more than it otherwise would have done. There are plenty of young men in the schools now no more satisfied with the medicine of conjecture taught them than Hahnemann was ; and it is to these young men we owe a duty—to provide for them a means of learning the science of homœopathy ; and this is one of the things this great fund is to accomplish. How is it our fellow-citizens in India are obliged to go to far America to get taught to them the practice of homœopathy ? Here, in London, we should be able to do it. We are proud of the British Empire, but there are other things to be proud of—our humanizing agencies. Homœopathy is one of the great civilizing agents of the future and I have no doubt this meeting will be the signal for the great move in that direction. We have only *our* aims to consider. The allopaths are, no doubt, just as good as we are. We have our own lines to work out ; and there is no reason why we should not establish a manufactory of young homœopathic doctors, train and examine them, and send them to all parts of the world to fill vacant places. My Lord Mayor, you have this day lighted a torch whose light will reach to the end of time.

The resolution was put to the meeting and carried unanimously.

H. J. T. WOOD, ESQ., M.A., J.P., then read the subscription list. It was announced that the total contributions to the Fund, including promises, received before the meeting amounted to £7,590 18s. 4d.

J. CARLTON STITT, ESQ., J.P. (Liverpool) : My Lord Mayor, my Lords, Ladies and Gentlemen,—I have the honour to present to you a proposition, which I will shortly read, which, I am sure, will meet with your hearty acceptance. The Lord Mayor has invited us here to-day and presided over this meeting. We owe him a debt of gratitude, not only ourselves but the homœopaths all over the country. It is, as you have heard, some hundred years ago that the great

Hahnemann discovered the law of similars, in spite of opposition and neglect. The law still persists. Surely we are in view of a brighter day when the Lord Mayor puts before the country the National claims of homœopathy. I feel, my Lord, quite incapable of expressing the thanks due to you, but, fortunately, the speakers before me have, I think, each separately tendered their thanks. I think the best way we can thank you is not by formally passing a vote of thanks, but by seeing that the National fund you have inaugurated is properly started. The circular admirably sets forth the necessity of it, and points out the objects to which to devote it. Think what it would mean to homœopaths, all over the country, to have more fully qualified practitioners; to assist hospitals, many inadequately financed; and, where there are no such institutions, homœopathic hospitals and dispensaries could be provided for local requirements. I am sure it would rejoice the heart of the Lord Mayor if, by this fund, we could make some of these provisions.

I have great pleasure in proposing a hearty vote of thanks to the Right Hon. the Lord Mayor for presiding over this meeting.

Alderman Dr. GEORGE CLIFTON (ex-Mayor of Leicester) : My Lord Mayor, my Lords, Ladies and Gentlemen,—I have very great pleasure in seconding the resolution so ably put by the previous speaker. In doing that, I should like also, especially as there are so many ladies here this afternoon, to thank Lady Truscott, who has taken so much interest in homœopathy, as well as the Lord Mayor. We are very much indebted to the ladies, especially for what they have done for homœopathy. They do not come on the platform and speak, but they work, and that is what we want—workers. The Lord Mayor has set an example. If we follow it in the towns and all over the country, I believe the ladies would help us. They say "the hand that rocks the cradle rules the world." If some of those rockers would give a little more of the world's wealth, we should soon carry homœopathy to more work than it has done in the past.

I thank the Lord Mayor for the National fund and the National extension of hospitals. I have very great pleasure in putting this motion, which I hope, and expect, will be received by acclamation.

The motion was carried by acclamation.

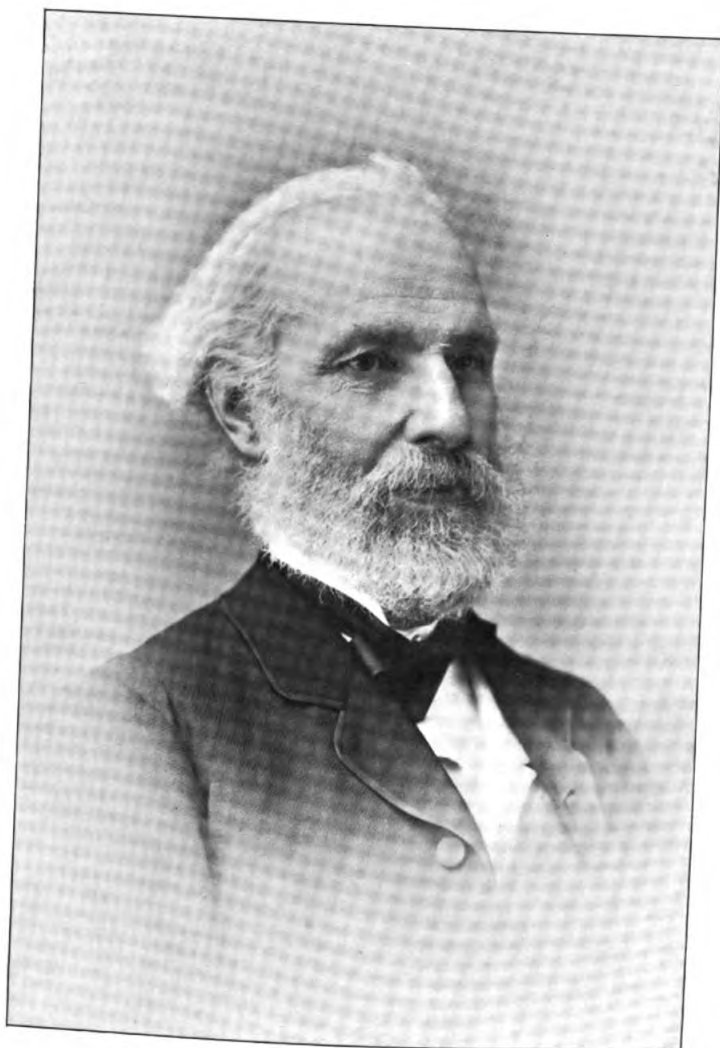
The Right Hon. the LORD MAYOR: Ladies and Gentlemen,—I am exceedingly obliged to the proposer and seconder for the very kind expressions they have made use of in bringing this resolution to your notice, and I thank you very heartily. I am very glad Dr. Clifton brought in the name of my wife in connection with it. If anyone wanted a testimonial, and a very strong one, for homœopathy, they could obtain it from my wife. Our children have never known any other system, except very rarely, when not in touch with any homœopath, and my wife attributes their very general freedom from illness to the fact that they have been brought up in the homœopathic school.

It is a matter of regret to me that many old friends, who would be delighted to see this day, have not lived to see it—the late J. Compton Burnett for one. I was very greatly indebted to him for what he did to me. He established my faith in homœopathy. Another was the late Dr. Madden, who was another very keen worker in homœopathy. I rejoice to know that there are many very able exponents of the faith alive, and I sincerely trust the result of this meeting will bring a strong forward movement for homœopathy.

Obituary.

ARTHUR CROWEN CLIFTON, M.D.(N.Y.) (HON.),
M.R.C.S.ENG..

IT is with the deepest sorrow that we have to chronicle the great loss we have sustained in the removal by death from our midst of Dr. Arthur C. Clifton, of Northampton. He was born on December 22, 1825, and so had reached the long life of 83, and had commenced his 84th year. He had been for long in delicate health, and was frequently laid up by illness, but till now had, through his vigorous and strong constitution, rallied and got back to his state of comparative health. But the time of the end had at last come. He got weaker in body, the vital power gradually failing, till an attack of bronchitis, which he had frequently before, was too much for his state



ARTHUR CROWEN CLIFTON, M.D. (Hon.), M.R.C.S. Eng.
(Born 1825 ; Died February 16, 1909.)

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of weakness, and a few day's illness carried him off on the evening of February 16.

Dr. Clifton's life and career was a very remarkable one, full of romance and fighting, showing a figure most striking in its personality, physical and moral, and in many ways quite unique for vigour, power, determination and straightness. He was a self-made man, the son of estimable parents at Guilsborough, who must have trained their son carefully in his early years to produce such results as Dr. Clifton subsequently showed. His father was a staunch Baptist, and the Nonconformist training had such an effect on the son that he remained all his life a Nonconformist. Pecuniary means being a difficulty in his father's home young Arthur was, at the early age of 12, taken from school and apprenticed to Mr. William Williams, the surgeon-apothecary of Guilsborough, for five years. During that time he was gradually introduced to the rough medical treatment of the day, taught dispensing, and was often sent, though a mere boy, to see poor patients, and to assist Mr. Williams in his arduous work.

As an example of what he had to do, he tells the tale of how, one cold wintry night, he was sent by Mr. Williams to see a patient a long way in the country. When riding there he was stopped by a couple of gipsies, who asked him if he knew where a doctor was to be had, as one of their women was very ill. Clifton, though only a boy of 17, just finishing his apprenticeship, told them that he was a doctor, and would be happy to give his services. This they gladly accepted, and in a short time a fine boy was brought into the world. He said he would come again on his way back from the other patient. This he did, and found all doing well. Noticing a delicious aroma of cooking, and being cold and hungry, he accepted the gipsy invitation to join them at supper, and, seated on a log, thoroughly enjoyed a baked hedgehog with fried potatoes, while his horse was taken care of.

At the end of the five years' apprenticeship, though he liked medicine and wished to join the medical profession, the necessary funds were beyond the power of his father to provide. Clifton, therefore, went as an assistant to a chemist

in one or two places, and finally came to Northampton. When an assistant to a chemist in Manchester he had to open the shop before 7.30 every morning, taking down the shutters in dark wintry mornings, and not leaving the shop till 11 p.m. During this time he got only half of every second Sunday as his holiday, and a salary of £20 per annum. On coming to Northampton, he resolved to start a chemist's shop on his own account. But he had no money, and his father could give him none. He was, however, of too determined a character to be beaten. He induced a firm of London wholesale chemists to give him on credit a stock of drugs to fill the shop. The shop furniture was also obtained on credit, while in the dwelling-room the furniture consisted of a table and a chair, he himself sleeping on the floor for some months. Such energy and determination were sure to succeed, and so they did. He became engaged to Miss Harris, the daughter of a deacon in the College Street Baptist Chapel, to whom he was much attached, but marriage at that date was impossible owing to want of means. Soon after, however, Mr. Clifton began to prosper; he married Miss Harris, and with a little money which she had, they furnished the home comfortably and so improved the shop that, with a plate-glass window—a rare thing in those days—and a large bust of Hahnemann behind it, things looked striking.

But in speaking of Hahnemann's bust, we are anticipating matters. Clifton had got to know a little about homœopathy, and went to the first Homœopathic Congress at Cheltenham, where, though unqualified as a medical man, he was admitted to the meeting, and was much taken with what he heard. Just about that time, Dr. John Epps, whose name as a militant, aggressive, and influential homœopath is so well known in our School, came to Northampton as a Parliamentary candidate. While at Northampton he preached homœopathy as widely as possible, and among his successes was his complete conversion of young Clifton to the new doctrines, and the starting of a homœopathic chemist's shop was the result. Between Dr. John Epps and himself they succeeded in getting Dr. Pearce to come and settle in Northampton. They worked together admirably for a long time, the chemist's business flourished, practice increased rapidly, and a Homœo-

pathic Dispensary was started. But later on, Dr. Pearce and Clifton had "words," and Clifton, seeing that things had come to the point when "something must be done," rather than allow all the valuable pioneer work to be lost, determined to cast the die and go up to London to go through the requisite course of training and study, in order to become a qualified surgeon. Having saved the money required for this purpose, he went up to University College, London, and obtained the M.R.C.S. in 1856. Having thus put his foot on the ladder of possible success, he returned to Northampton, well aware how he would be tabooed and ostracized by his allopathic brethren, but determined to stand and fight it out. The difficulties and opposition encountered were enough to have wiped out the enthusiasm of many men, but they seemed only to whet the appetite for fighting that was part of Mr. Clifton's character. Instead of quietly subsiding into submission to the majority, he adopted the militant attitude, commenced to visit once a week several towns and large villages surrounding Northampton where homœopathy was slightly known, and thus a large amount of *clientèle* came to him outside of Northampton proper.

As work in Northampton increased—as it steadily and rapidly did—these regular country visits had to be given up, but the patients there were so devoted to him that they found means of coming to Northampton to consult him when requiring medical advice. The homœopathic dispensary was kept up, and the patients treated most carefully, instead of in the routine manner common at many old-school dispensaries. Mr. Clifton was also medical officer to a large number of Sick and Benefit Societies in Northampton. So impressed were the patients of these institutions by the benefits derived and the care bestowed on their cases, that Dr. Clifton tells us himself, "Just to show their appreciation of the benefits of homœopathy, it must be told to their credit that on the conclusion of a great strike of workmen, from whom collections had been made in the town, after expenses had been met and a balance in their favour remained, they contributed one-third of it (about £12) to the Homœopathic Dispensary and the remainder to other local institutions." Dr. Clifton's practice steadily increased till it became one of the largest in North-

ampton, while his beautiful horses were quite a pleasure to look at. He continued to practise with an assistant, Mr. Wilkinson, who, after being twenty-five years with Dr. Clifton, started on his own account, with Dr. Clifton's approval. He then took Dr. William Ross into partnership, and in 1895 retired from practice altogether. Since that time he has lived in Northampton till the end came so recently.

During his long and active career he received all the honours which admiring colleagues of the Homœopathic School could bestow on him. He became a Member of the British Homœopathic Society in 1861, a Fellow of the Society in 1880, a Member of the Council in 1894, and President of the Society in 1898. He was elected President of the Homœopathic Congress held at Liverpool in 1887. He was so much appreciated in America that, in recognition of his valuable writings in the cause of homœopathy, he was granted in 1877 the Honorary Degree of M.D. from the New York Homœopathic College. When the "World's Convention of Homœopathic Practitioners" was held in 1876, in Philadelphia, U.S.A., Dr. Clifton went to Philadelphia as an unofficial delegate. Not having the required credentials, his official reception as a delegate created a difficulty. This was overcome by Dr. J. W. Hayward, an old friend of his, who said that in England Dr. Clifton had always taken the side of "the people" rather than of "the profession" in medical polemics, and that this might, perhaps, be taken as his warrant. Dr. Clifton then presented his card signed "A. C. Clifton, Northampton, England, M.R.C.S. (Vox populi Homœopathica)," and by explaining that as he was the representative of an unorganized community he could give no better credentials, he was warmly received and was known ever after as "Vox populi." This title he warmly appreciated, and ever after was comically proud of the title, and delighted in relating the story.

Dr. Clifton wrote a large number of papers for the homœopathic journals—the *Monthly Homœopathic Review* and the *Homœopathic World*. They were very able, showed keen observation and judgment, and were universally read and appreciated by his colleagues.

He attended the Homœopathic Congresses regularly till

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his health prevented him. His great hope each year was to be able to be present, and when it was found to be impossible, he bitterly regretted it. So to all the meetings of the British Homœopathic Society, he came when it was at all possible professionally, and when his health failed, he always aimed at being present, and only gave in when it could not be otherwise. His presence at these meetings was always welcomed, and he was listened to, when he spoke, with profound respect and admiration. At the recent Congress meetings, when he was prevented by health from being present, he with his late colleague, Dr. Pope, was always specially remembered and toasted at the dinners.

His first wife, to whom he was devoted, died, in 1880, after many years of happy married life. After a time, he married a second time—the sister-in-law of the Rev. Arthur Mursell, who still survives him. By his first wife he had one son, Mr. Cyrus Clifton, who entered his father's profession, but on account of ill-health had to retire from medical work, and now resides at Bedford.

His brother is Dr. George Clifton, the well-known homœopathic practitioner of Leicester, a J.P. and ex-mayor of Leicester. Another brother is Mr. Edwin Clifton, the well-known homœopathic chemist at Ipswich; a third brother died recently at Derby, also a well-known homœopathic chemist, while a fourth died in New Zealand.

Such is a sketch of the life and career of this very remarkable man who has passed from us.

Now for a few words as to his character. This may be almost gathered from his unique life-history. His great characteristics were boundless energy, perseverance under all difficulties and trials, determination to do what he deemed right in spite of all obstacles, straightforwardness, never going to the right or the left in the course he knew to be right, and fearing nobody.

From the time he was converted to the doctrines and principles of homœopathy, the determination to practise what he knew to be the truth, and to propagate it in every way he could, became the great aim of his life. Nothing he would pass or overlook if he thought it would help the great cause. Though his practice in Northampton increased

so largely and rapidly, it was never to make money, but always to further and promote the great cause. He had determined to bequeath in his will enough to endow a bed in the London Homœopathic Hospital. Subsequently, on the re-building of the Hospital, in his large-hearted generosity, he gave the money there and then, sufficient to endow the bed, which was to be called, and is called, "The Northampton Bed," and which now stands as a monument to himself, and as a testimony of his large-hearted munificence. He took immense pains over all his cases, and soon won the confidence and esteem of his patients, never taking his own ease when he could do good. Though his manner was sometimes brusque or even abrupt, it was only his manner and straight nature, which could not abide what was wrong. But those who knew him and understood his grand type of character were devoted to him and loved him. His directness, and, we might say, his straightness and fearlessness were well illustrated in an incident in his life. When a well-known gentleman was M.P. for Northampton, he was staying at the house of a prominent Northampton citizen, a patient and great friend of Dr. Clifton's. The doctor was going to see one of the family professionally, and arrived at the house at breakfast time. His host introduced him to the M.P. as "your member." Dr. Clifton politely bowed, and answered "the member for Northampton—not *my* member."

He never failed to say to anyone what he thought ought to be said, whether it was liked or not, and to his professional colleagues he always spoke his mind. The result was that, as in Northampton, with his *clîentele* and friends, so in his profession he was looked up to and beloved, and he had no real enemies. Everyone saw that his heart was kind and tender, and he only spoke out when he felt it to be his duty, and then nothing would prevent him. In fact, it is seldom that a man of his strong type was so universally beloved as Dr. Clifton was—a thing to be proud of. There was no malice or ill-feeling in his nature; kindness itself in heart, coupled with a strong, rugged sense of duty and right, were typical of him. He enjoyed life and lived up to his ideal. He had a peculiar fascination about him—one might almost call it

a magnetic power, for want of a better word—which insensibly attracted others, and the influence of which on himself he felt and acted on.

The present writer knows an illustration of this magnetic influence. A young man took to Dr. Clifton the first time he met him, and “the grave and reverent seignior” seemed to be attracted in an unusual way to the youngster. He always enquired about him subsequently, took an interest in all he did, wrote to him, and sent him books. Not a month before his death, he wrote to this young man a charming, kind letter, giving him fine patriarchal advice, which was much appreciated instead of being thrown àside. The letter was so characteristic, unique, and elevated in tone, that when the young man was told of his venerable friend’s death, he added “and he was ready.” This incident, we think, speaks volumes for the character and high ideal of life that Dr. Clifton lived and tried to live up to; always endeavouring to do good while he lived on earth, so as to be ready for the wonderful hereafter. His inner religious life was perhaps not known to many, except for the active help and interest he showed in philanthropic and benevolent movements in Northampton, but to those who knew him well, and whom he liked and took to, he opened up his inner life.

Here is a letter to the present writer on July 5, 1904 : “You cannot imagine (no one can) the joy of meeting my old comrades again last week [the week of the Congress held in London. It has done me a lot of good, making, moreover, a record of attendances at Homœopathic Congresses, the forty-fifth gracious opportunity vouchsafed to me by my Heavenly Father, *to whom* be all the glory. . . . It cannot be for long. I have been raised from the dead, so to speak, but I would ever remember the admonition, ‘Let him that thinketh he standeth take heed lest he fall’ (albeit that had reference to a different subject). . . . For my part, while I have, in faith, cause for putting on sackcloth and ashes for a thousand and more sins of omission and of commission that I have committed, and with regard to which I can only rely on ‘The Rock of ages, cleft for me,’ to my great satisfaction, in the person of Jesus Christ, and in His work and death for sinners, so also, as age creeps on, I remember the infinite mercies—

new every morning and renewed every night—of which I have been the recipient. And here again I say, to God, our Heavenly Father, be all the glory."

And again on June 25, 1908, he writes: "For the past six weeks I have been in much worse health than usual, but not till three days ago did I give up all hope of being at the Congress; but unless a miracle should be wrought, which is not so much as imaginable, I will not be able to be present. I have had to keep my bed for a fortnight, and now am writing while on my back. *A great disappointment.* For nine months (since last Congress) I have dwelt on the coming glory of July 3. But, as you know—man proposes, but God disposes; and it is not for man to call in question the doings of God, but in all reverence bow the head, feeling and saying, *not my will, O, Lord, be done, but Thine, and Thine alone.* Oh, for that Spirit of resignation and patience. Pray for me that my faith fail not, and that I may ever see the hand of goodness and mercy behind the veil. I have seen my last Congress, and I can only pray for those who remain that God will guide them in all their counsels, help them in all their studies for the well-being of humanity, and give them force of *will* to make homœopathy better known and appreciated. . . . *There* you will see that if John Brown's body lies a-smouldering in the grave, where my body will, ere long be, my spirit is awake like that of Hiawatha, and I will, be with you all on July 3 [the Congress Day]. *Not very resigned!*" This last paragraph in the letter shows another trait in Dr. Clifton's character, besides his wonderful energy, namely his love of a joke. He was full of fun and joke, even though the body was frail and ill. This often kept him going, as his high spirits never failed him. And once more his reference to Hiawatha in this letter tells of his love of reading and of poetry, which was very extensive and solid, and which was a great solace to him in difficulties, and after a day's hard work.

It may be thought, perhaps, by those who did not know Dr. Clifton well, that in writing as we have done of him, we have been laying on the descriptive paint a little too heavily—in fact, exaggerating his great merits; but it is a noteworthy and remarkable fact that all the Northampton papers, with-

out exception, have united in a burst of praise and admiration for such a distinguished and unique citizen. And it would be a distinct loss to ourselves and to our readers did we not reprint *verbatim*, as a sample, a very able and beautifully written article from the *Northampton Mercury*, of Friday, February 19, by Mr. Ryland Adkins, K.C., M.P., a friend of Dr. Clifton's of long-standing, and one who knew him well. It is entitled "An Appreciation."

"By the death of Dr. Clifton Northampton loses perhaps its most remarkable man. Even of late years he has been remarkable, known to all as 'The Old Doctor,' with his wide correspondence, his flow of stories, his outburst of independence as a passive resister and otherwise, and especially with his unfailing mental freshness. But no one can form a just opinion of the man who has only known him in old age, creeping about our streets, and retired from work and public life. It was in the period of the seventies and eighties of the last century that he was at his best, and then he filled an important place in the life of the town and neighbourhood.

"It is natural that self-educated men should show at their best in later middle life. The charm of childhood and the charm of old age are a good deal bound up with training and environment which the self-educated man rarely gets. It is the years in which vigour remains while experience has brought mellowed wisdom that the man who has carved his own way in life attains his highest value. Dr. Clifton was more than most a self-trained man, for he had carried his training much further than do most. He had had the best basis for self-education in a sturdy Puritan home, in the countryside of our county, and nothing could foster better the strong individuality and self-reliance which were of the essence of the man and of what was best in his age.

"In the long struggles which marked his earlier days, and which have been so kindly referred to in the local Press, he learned not only how to make a livelihood, but how to face life and its problems in every direction. And so in his prime, handicapped though he was by his want of status, and by an absence of diplomatic gifts, he was a commanding figure in local life. A Dissenter, a Radical, not without crotchets as either, above all an impenitent medical heretic, he took just

that line which keeps a professional man rather out of the main stream of National life, and yet in some ways he was one of the most highly civilized as well as one of the ablest men within many miles of the Market Square during the period above referred to.

"At the time he reached his fullest development his political activities had somewhat diminished. His Radicalism was of the Edward Miall type, and that gave way in the 'seventies to other kinds of progressive thought with which Arthur Clifton was less identified. His was not the temperament to work easily with others in political combination, and the difficulty became the greater when Bradlaugh's affairs added new complexity to the politics of the town. But then and always his political ardour remained, and his political chat was always both informed and pointed.

"During the twenty years from 1870 to 1890, and indeed earlier, his professional practice was large and varied. Very often he had more than he could do, and certainly under his leadership homœopathy could neither be neglected nor despised even by the half-educated. He was, indeed, a medical heretic, but he avoided the besetting sin of heretics in that he tried to understand the other side. He never missed an article in the *Lancet* or the *British Medical Journal*.

"As a doctor he was, indeed, out of the common. His manner at first was rather terrifying, especially to children, but once known, he was loved by his patients. His temperament led him to look on the dark side and guard against dangers, a habit which if it lost something in encouragement, assisted in inspiring confidence. Perhaps his greatest quality was insight, and some of his best cures were the result of a sudden decision as to treatment which came almost as an intuition. He had his full share of self-reliance, but when he was puzzled he usually said so. The rôle of bland omniscience which is so helpful to many medical men was not in his repertoire. And yet, though the patient might be for the moment depressed at finding his adviser uncertain, his confidence came back in fuller measure as he saw the strong man thinking his case out.

"No man ever lived more free from humbug in his professional life than Dr. Clifton. With him the 'fee' was

neither the preliminary nor the sequel to 'faw' and 'fum.' His interest in his cases was intense, and he has many a time broken down with grief when he could no longer save a life. It was disappointment at things going badly which often made him cross to the relatives, though few men were so successful in their work. In old days his frequent complaint was that his patients did not come to see him when they were cured. His interest in them lasted long after he had need to attend them.

"His surgical training was, of course, pre-historic compared with the present day, and while intensely interested in all aspects of medical science, he had never specialized in any branch of physiology or anatomy. But he had the true perspective of his profession ever before him. What he practised was the art of healing, and to cure was even dearer to him than to understand, though no man was ever keener after knowledge.

"One not unknown method of practice was not for him. It could never be said of Dr. Clifton that he echoed the opinions of his patients on things in general when he was visiting them. It was just the contrary. Let the patient or anyone present say something about politics, or art, or religion with which the Doctor did not really agree, and at once the strong face set, and the words came, 'Do you think so? I don't, and I'll tell you why.' And then standing at bedside or leaning against the mantelpiece, he put forth his views, clear, vehement, often brilliant in expression, and sometimes departed in a whirl of controversy. It was not everybody's method, but it suited him. Of course, he lost some patients by it. People who have no reason for their opinions do not like to hear them questioned, especially by a person whom they think they have hired to cure them, and hear what they like to say themselves.

"But, on the other hand, it often did good in the sick room. The nervous person had something to think about besides himself. The dull person had new ideas given to him. The thoughtful was thrown back on the duty of giving a reason for his conviction, and many a lasting friendship dated from Arthur Clifton's chat with his patient, strong-headed and indefensible though his contentions occasionally were.

"Of course all this was possible only because of Dr. Clifton's high mental cultivation. It is wonderful how he found time to learn all he knew. He was always busy, but his fiery energy drove him into many fields of reading and thinking when his daily work was done. The number of things in which he took an interest was extraordinary. It is hardly an exaggeration to say that, with the exception of mathematics, classical scholarship, and bric-à-brac, there was hardly a subject about which civilized men speak on which he could not talk with sense and information. In metaphysics, indeed, he knew little beyond Herbert Spencer, though he was open to argument from other schools of thought. In religion, two of his masters were George Dawson, of Birmingham, and T. T. Lynch, both of whom counted for much in the fifties and sixties, when his mind was forming. His reading in religious and theological subjects was insatiable to the end. His love of pictures was genuine, and his criticism on them often valuable because sincere and individual, like everything he did. Poetry to him was an exceeding solace and delight, and his taste in poetry was catholic and wide, though it did not include the whole of Browning!

"Perhaps his greatest delight was in the English essayists. No one could have more enjoyed than he did the gusto of Hazlitt, the tender, whimsical charm of Charles Lamb, or the gorgeous eloquence of De Quincey. Nor did he lose his sense of humour, which was strong, in his love of his favourites. He only laughed when his delight in De Quincey's essay on 'Murder as a Fine Art' was quizzed as being natural, since he was a doctor and knew the subject.

"And his enjoyment of those great writers who blend literature with criticism of life, such as Ruskin, Matthew Arnold, and Froude, was a special feature of his character. Long after he was 60 he would take up a book of this kind and devour its contents with a zeal to get its meaning and its value, which few men show after they are five-and-twenty. On his journeys, there was always some book of value with him. In these days doctors fly over the earth in motors, and oscillate *en route* between somnolence and anxiety about the speed-limit. Then a well-hung brougham or Victoria gave leisure for reading, and if all the doctor's carriages of twenty

years ago could have been searched for their contents, the intellectual value of those of Dr. Clifton would have been found far greater than those of any of his colleagues or rivals.

"He was alive, too, to the beauties of Nature. There is a wych elm standing to-day not far from Northampton, one of the finest in the county, which owes its life to Dr. Clifton's entreaties when the owner was about to fell it. In the world of sport he had little chance of sharing. When he was a boy sport was the monopoly of the rich, and he had grown old before it became the fashion to spend the little leisure of life in watching football matches. Even billiards he took up too late to be more than an amusing player. But he was not without an eye for an horse, and no one in Northampton drove better 'cattle.'

"Such was this many-sided man in the days of his greatest influence. To classify or label him would be impossible, for he was in the highest degree one by himself. Alike in his profession and in his social life, he showed signs of faculty almost approaching genius, which placed him far before men of more symmetrical minds and conspicuous position. The note of a great man he certainly possessed. You could not be long in his society or come to know him well without being taken beneath the surface of life. So much of our time is passed on the surface that we are apt to forget what is below it.

"Dr. Clifton was a man of strong animal nature and fine physique, usually the best basis for a strenuous brain, and no one could be more vigorously mundane. But he knew that he understands little of life who ignores its enigmas, and his mind was one which constantly turned to the great problems of life in society, in ethics, in politics, or religion, which we are not meant to let alone.

"A long discussion with Dr. Clifton in his best days produced an effect comparable, perhaps, to that of a steam plough on an arable field. Everything was stirred up and the soil of the mind would bear a better crop of ideas in consequence.

"A man of this unusual kind, self-trained, pugnacious, often violent in expression, but always thorough and genuine, could scarcely expect to be fully appreciated in a town like Northampton. In London, the oddities of a great doctor

matter little. A man may be as brusque as Radcliffe, or as rude as Abernethy, and it is forgiven him for his work's sake. In a country village men get used to the particular ways of parson, or squire, or doctor, and their peculiarities are no more noticed after a time than the gnarled oak in the park or the old-fashioned house on the green. In a provincial town it is different. There is the 'sovrän shine' of conventionality, and men are repelled by, and a little afraid of, originality either in manner or in thought. The roughness of the husk is allowed to conceal the value of the kernel.

"Yet Dr. Clifton had many friends, and had won far-reaching respect. There came to him his full share of sorrows—perhaps more than his share—and the true man beneath the shell appealed to a circle which narrowed with the years. If anyone had commented on his want of the superficial graces and his intolerance of folly and slackness, he could have fitly put his case in the famous words :—

"What had I on earth to do
With the slothful, with the mawkish, the unmanly
Like the aimless, helpless, hopeless, did I drivel,
Being who?
One who never turned his back, but marched breast forwards,
Never doubted clouds would break,
Never dreamed, though right was worsted, wrong would triumph,
Held we fall to rise, are baffled to fight better;
Sleep to wake.

"Now he is gone, and he will be remembered by the impartial recorder as one of the most original, and certainly the most unusual, mind which displayed itself in Northamptonshire during the last half of the nineteenth century. It may be that he gave less occasion for criticism to the well educated and to the poor than he did to the large intermediate class to which he himself belonged. But his intellectual importance will be recognized by all who knew him. He did his work well, and his influence—medical, social, intellectual—will persist and gradually blend with other good influences which will make the future.

"But there is the inner man as well as the outer. We who were his friends recognize his uncommon mental force, and are grateful for his long and valuable career. But we think most of the man himself. We recall his high spirit and his

vulnerable temper. We remember his deep and tender heart; and we know not which to admire most—the loyalty which kept his friends ever dear to him, or the courage which never deserted him in all the struggles and trials of life. We are proud to have known and loved him, and we shall not forget him, whether we look back on the days of happy memory which are gone, or look forward to what may pass, ‘until the day break and the shadows flee away.’ ”

There, then, is this grand figure, like a big statue of nobility and true greatness, to be looked up to and revered as a model for all men whatever their calling may be, and especially for the medical profession and for homœopaths to raise their souls to the great aim of life, and to show them what a man who is in earnest for the truth can do in a long and glorious life. We might well add Browning’s fine words in the “Grammarians’ Funeral,”

“Still before living, he’d learnt how to live,
No end to learning.
Earn the means first, God surely will contrive
Use for our earning.”

Dr. Clifton’s funeral took place on Saturday, February 20. A large crowd in the streets witnessed the funeral; the Abington Avenue Congregational Church was full, and the ceremony was conducted by the Rev. C. S. Larkman. In the course of an address, Mr. Larkman remarked that “the two subjects in which Dr. Clifton seemed most interested were his vocation and his religion. Homœopathy with him was more than a method of cure; it was a gospel, and no monkish missionary ever went from Rome in the early days of the Faith with more determination to win converts to Christianity than he to win converts to the new methods of healing. He was a man of many quiet benevolences, and as one went about among the poor, one heard of his great goodness. One conspicuous thing about him was his unconventionality; he was absolutely indifferent to public opinion.”—(*Northampton Daily Echo*, February 22).

The Lord Mayor of London sympathetically sent the following telegram: “The Right Honourable the Lord Mayor of London desires Mr. Henry Harris to convey to the

relatives and friends of the late Dr. Clifton his sincere condolence in the lamented death of Dr. A. C. Clifton."

Besides the immediate relations and friends, among the latter of whom was Mr. Ryland Adkins, K.C., M.P., the members of the profession were well represented, and included Dr. George Clifton, Dr. Dyce Brown, Dr. Burford, Dr. Neatby (Secretary of the British Homœopathic Society), Dr. Hawkes, Dr. Pullar, Dr. Clifton Harris, Dr. Stonham, Mr. Dudley Wright, Dr. Mason, Dr. Johnstone, Dr. Ross, Dr. Cash Reed (President of the British Homœopathic Society), Mr. Wilkinson, Dr. Goldsbrough, Mr. H. J. T. Wood (Secretary of the British Homœopathic Association), and Mr. E. A. Attwood (Secretary of the London Homœopathic Hospital).

The interment took place at the Billing Road Cemetery.

We offer our warmest sympathy to Mrs. Clifton, the widow, to the son, Mr. Cyrus Clifton, to Dr. Clifton's brothers in this affliction, while the bright and glorious memory of a departed hero will be a continual source of delight to them.

DR. A. C. CLIFTON : AN APPRECIATION.

ON February 16, my friend and former colleague, Dr. Arthur Crowen Clifton, passed away after a short illness, at his residence, 9, East Park Parade, Northampton. As one who had the honour of knowing him for the last sixteen years of his life, I venture to write a few lines of personal tribute. For two years, from my coming to Northampton in 1893, I was in partnership with him. It was a pleasure to work with him as my senior colleague. His profound grasp of homœopathy was of the utmost assistance to me, and his zeal for his art was a great example. I can say of my own knowledge that his interest in the cause for which he had worked so strenuously and so long was unabated up to the day of his death. He was a born fighter, and for many years had much opposition from the allopathic fraternity in this town; but his character and his work were such as to win respect, and this opposition gradually passed away. When, at the age of 68, he retired from practice, and I took over the work alone, I had every reason to thank him for the good feeling which

then existed, and still continues to exist, between myself and the other medical men of the town. When I knew him Dr. Clifton was a man of great personality, and in his prime had evidently exercised extraordinary influence. His name is still a household word in the county. People knew, what I soon found, that beneath a somewhat rough exterior there was always a kind soul. In all his dealings he was great-hearted. Rich and poor were treated with equal care, and in cases of urgent need he was unsparing of himself. But a malingerer never consulted him twice, and when patients needed work or exercise, not medicine, he told them so. His capacity for work was stupendous, and when suffering could be stayed it was never "after hours." So long as there was work to be done, he never shrank from doing it.

It has sometimes happened that I have wished to leave the town for a few days, and I always found him, so long as his strength lasted, ready to take up the work again, which he did with undiminished skill. I found it a great advantage to have near by someone who was always on the look-out to defend homœopathy, who was himself an advertisement both by what he had done and the position he had won. Besides this, he was ever willing to discuss professional matters and help in any difficult case. In these and other ways I owe him much during all the sixteen years I have known him.

I have already alluded to the interest he took in the homœopathic cause up to the end of his life. It was wonderful how, in spite of age and infirmity, he kept himself up-to-date with the progress and position of medicine in general, and homœopathy in particular. He went on caring about these things long after he had ceased to take fees.

My recollections of him are very vivid, from my first interview to our last affectionate farewell. The profession is much the poorer by his death, but I may be forgiven, if I say that in the passing of Arthur Crowen Clifton I feel most that I have lost a great man and a true friend.

W. Ross.

Notices, Reports, &c.

HONYMAN-GILLESPIE LECTURES.

ON Monday, February 15, Dr. Wheeler lectured on *Thuja*. *Thuja* is hardly known in general medicine. It has, in poisonous or large doses, produced abortion and gastro-enteritis, and has been found to have a special affinity for warts and condylomata. *Thuja* was proved by Hahnemann and re-proved by the Austrian provers. Its main influence is on the genito-urinary organs. It produces inflammation of the urethra and pains in the genital organs, sweat of the genitals, warts and condylomata. There may be pus in the urine, and even sugar. The prostate is inflamed and there is irritation at the neck of the bladder; urine comes in a small stream. *Thuja* has an affinity for the ovary, and causes pain in the ovary, < left side. It produces abortion and acrid leucorrhœa. The periods are scanty and tend to come on too soon; there is pain in the left ovary, worse on the first day. Burning pains and itching round the anus, fig warts and condylomata. Dr. Dudgeon proved *Thuja* on himself, and it produced an acute urethritis resembling gonorrhœa.

In the skin *Thuja* causes warts, tuberos growths, and papillomata. It has been used for warts and new growths in the skin, even for epitheliomata. It may be applied locally to warts as well as given internally. Marshal Radetsky was cured of cancer in the thigh by means of *Thuja*. Brown stain of the skin. It has some relation to small-pox, having produced a pustular eruption resembling that of small-pox, for which complaint it was first used by Boëninghausen. Dr. Burnett disclosed a close relationship between *Thuja* and vaccinosis, especially chronic disorders resulting from vaccination. Its relationship to gonorrhœa and to warty growths has placed *Thuja* in the front rank of antisycotics. Gonorrhœa is considered to be a true chronic miasm which corresponds to the sycosis of Hahnemann, and Dr. Allen holds that vaccination is a means of spreading this sycotic taint through the community, and that when *Thuja* antidotes the effects of vaccination, it does so through its antisycotic powers. As illustrating the value of *Thuja* in cases of vaccinosis, Dr.

Wheeler related the case of a child suffering from long-standing eczema of very severe type, which first appeared shortly after vaccination, and to whom *thuja* 30 was given with immediate beneficial result. At the end of a week *thuja* was given again in a much lower dilution, with the result that a violent aggravation of the eczema occurred. On leaving off the *thuja* the aggravation subsided, and the eczema was in a short time entirely cured.

Thuja is in the main a left-sided remedy. It is a chilly remedy. The symptoms are worse in the morning after rising, worse for wet and cold. It will produce rheumatism similar to gonorrhœal rheumatism, affecting most the larger joints, which creak and are worse from warmth. The movement of extension in the joints is hindered. The patient is cachectic or waxy-looking. He has dreams of falling. The secretions are offensive, especially the sweat, notably the sweat on the genitals. The pains are apt to be in small limited spots, *e.g.*, the "headache as if a nail driven in." The catarrhs of mucous membrane are of a chronic character, as they are also in the subjects of gonorrhœa.

The mind is dejected, morose, quarrelsome; fixed ideas. The pains in the head are frontal or occipital, in spots, mostly left-sided, and are better in the open air. Scurfiness of the scalp. In the eye, conjunctivitis, tumours of the eyelids. Clinically it has been found useful in syphilitic iritis. Polypus of the meatus of the ear. Chronic catarrh of the nose with greenish and foetid discharge. In the teeth, the base of the teeth close to the gums is the part that decays; pyorrhœa alveolaris. Epulis. Ranula. Condylomata and mucous patches in the throat. No appetite for breakfast and unpleasant taste in the mouth. Dr. Cooper has worked out its sphere in gastro-intestinal disorders, and finds *thuja* indicated in dyspepsia in which there is flatulence, pain after food, sinking sensation at epigastrium before food, thirst, a clean tongue, and constipation. Dr. Clarke finds its sphere in dyspepsia the result of tea-drinking, and considers it an antidote for tea-poisoning in general. *Thuja* has been employed for polypus of the vocal cords, and also for asthma which is the result of chronic disease and where there is associated thirst.

On Monday, February 22, Dr. Wheeler lectured on *lycopodium*. He said that though *lycopodium* had been occasionally used in former times it has entirely dropped out of use in general medicine, except as an ingredient in dusting powders. It is prepared for homœopathic use from the spores, which contain an oil inside them which is the active property, and thus the spores need to be fractured. By fracturing the spores trituration develops the energy of the drug. It is insoluble in alcohol, but quite soluble in ether. Hahnemann introduced it as a medicine in his chronic diseases. It was re-proved by two doctors in 1860. It affects the constitution generally, and it is the constitutional symptoms that most often lead to its choice as a remedy. Its greatest affinity is for (1) the alimentary canal, in which sphere it produces water-brash and sour vomiting, constipation and hæmorrhoids, which are the result of portal congestion, and are caused partly by a diminished secretion of bile. There is chronic catarrh of all the alimentary tract. Abdominal pains due to flatulence, which collects chiefly in the small intestines; the wind passes downwards. (2) The respiratory system: there is chronic catarrh of the whole respiratory tract; chronic coryza, bronchitis, phthisis. It seems to act in phthisis as an anti-pus remedy rather than as an anti-tubercle one, and is useful for cases of phthisis resulting from neglected colds or pneumonias which fail to clear up properly. (3) The urinary tract: catarrh of the bladder; increased secretion of urine, with deposit of lithates or of red sand. It is the great remedy for the uric acid diathesis. Parenthetically, Dr. Wheeler remarked that all chronic disease remedies had a selective influence on the mucous membranes. The *lycopodium* type of patient is one who is emaciated, dark rather than fair, with weak muscles, of good intellectual powers, sallow, quick at lessons, but easily tired: the Paul Dombey type of child. Men of good ability, but dreading failure to get through their work, and yet who do it well when they make the attempt.

Lycopodium is a drug with several keynotes, viz., the appearance or aggravation of the symptoms from 4 to 8 p.m.; symptoms right-sided; pains and symptoms go from right to left (*lachesis* left to right); is better from uncovering (*silica* worse from it); better from loosening garments (*lachesis* the

same); better for warm drinks, but worse from external warmth; right foot hot and left foot cold; restlessness relieved by motion; worse from lying on the affected side; dryness of the mucous membranes, of the skin, especially the palms; fan-like movement of the alæ nasi, not a respiratory symptom, and is not synchronous with respiration; pains come and go suddenly (like *belladonna*). Taking symptoms in detail, we have:—

Mind.—Sensitiveness, apprehensive, avaricious, peevish, melancholy, irritable.

Head.—Headache fronto-temporal, worse in evenings, better out of doors, worse from meals being delayed. Scurfy skin of scalp.

Eyes.—Styes.

Nose.—Smell very acute. Tendency for the nose to bleed in chronic catarrh.

Face.—Sallow. Twitching of muscles.

Mouth.—Gums ulcerate; gumboil; dry mouth without thirst; tongue foul and stiff from spasm.

Tonsils.—Inflamed, beginning on right side.

Stomach.—Sour risings, likes sweets; cannot eat oysters, dislikes meat, flushed face after eating; pains in liver region; noisy flatulence, distension, cannot bear pressure; pains in right shoulder and scapula. Constipation, stools hard and contain but little bile; spasms of anus; hæmorrhoids; itching of anus.

Urine.—Increased, pale, deposits lithates or red sand.

Sexual.—Irritable impotence.

Respiratory.—Wheezing, dry cough; lung affections where there is much pus (it seems to have an antidotal relation to pus cocci). Hoarseness, late pneumonic stages or early phthisis.

Circulatory.—Pains in heart; throbbing of arteries; aneurism.

Skin.—Dry, with hot palms; ulcerations; nettle rash; nævi, pains in the fasciæ; warts, especially on the hands.

Sciatica and neuralgia; cramps of calves, worse at night, better for slow motion.

Lycopodium is best given high and in occasional doses. It is a bad remedy to begin a case with. Is incompatible with coffee.

On Monday, March 1, Dr. Wheeler lectured on *calcareæa*. *Calcareæa* is a medicine that has been used to some slight extent in the old school, especially in the form of the phosphate, for rickets and defective bone formation. Latterly also it has, on the suggestion of Professor Wright, been used to raise the coagulability of the blood in such complaints as hæmophilia, hæmorrhages, œdemas, urticaria, chilblains, and some kinds of headaches.

Professor Lewin has found that overdosing with lime causes uterine hæmorrhages of some duration, and in children pain in the region of the kidneys and bleeding from the kidneys and bowels. From excessive use of lime water he has noticed to result loss of appetite, dyspepsia and vomiting, indicating catarrh of the stomach, at first constipation and later diarrhœa; itching eruptions on the skin, consisting of large red patches with a red areola.

Sir A. Wright found that though he could always raise the coagulability of the blood by material doses of salts of lime, he could not keep it raised permanently. They probably first raise and afterwards depress the coagulability. Dr. Ham has found that he could raise the blood coagulability by giving *calcareæa* in potencies and that it remained raised much longer. He could also raise the coagulability with *strontium*, but could not cure a *calcareæa* patient's symptoms with it. This shows that the symptoms produced by *calcareæa* are by no means exclusively the result of its effect on blood coagulability. Professor Schulz says that lime is a definite stimulant to the periosteum. It is used also for protective purposes, as instanced by the calcification of injurious products like tubercle, and of the weak patches in atheromatous arteries. In his provers he found there was produced apathy, melancholy, a sense of great fatigue. He considers that *calcareæa* has an affinity for the grey matter of the nervous system. Congestion to the head, the arteries, throat. Headache, often one-sided. Pains in the muscles and joints. The mucous membranes are affected and secretions are increased. There are hoarseness, pains in the chest, and bleeding from the lungs. Pain in the right hypochondrium. First constipation and then diarrhœa. Increased prostatic secretion. In the female the catamenia come too soon and last too long, the breasts swell and are

painful. It has a probable action on the thyroid. Urticarias, œdemas and boils are caused. *Calcareea* has been used as a hæmostatic from the time of Paracelsus, but Dr. Schulz thinks it is usually used in too large doses for hæmorrhage, and that gelatine injections obtain their hæmostatic power from the *calcareea* contained in them. It has an affinity for the muscular coat of the vessel wall. Professor Schulz gives a drachm of lime water once a day for urticaria. He uses it also for chronic catarrhs, leucorrhœa, sweats, chlorosis and anæmia, gout, diabetes, rickets, and commencing tuberculosis. He finds it acts best in young people. Rademacher used a 3 per cent. solution of lime for boils, &c.

Hahnemann proved *calcareea* and defined its sphere, and the kind of constitution for which it is suited. The *calcareea* patient is chilly and sensitive to damp cold; the hands and feet are cold and clammy; the feet feel as if damp stockings are on them; if the feet become warm they get too hot. There is an empty, gone sensation in the abdomen, which may occur at any time of the day. The patient is inclined to be fat; soft, flabby fibre. *Calcareea* is a remedy for fatty tumours. Children with large heads which sweat, open fontanelles, chilly, fair, large, lethargic, delayed teeth and walking, night terrors, sour, acid secretions, ravenous hunger, like indigestible things, like eggs. Stools sour, chalky, pale. Cough worse in cold air. *Calcareea* has an affinity for the right apex. It can produce warts. On the whole it is a right-sided remedy. The mental and bodily conditions are slow, often almost imbecile; talks to himself. Apprehensive. Pains are worse for movement. Cramps. Symptoms worse before and after midnight. The natural secretions are nearly all increased. The tissues are relaxed. Lymphatic glands enlarged. Skin tends to ulcerate; the ulcers are indurated. Deep abscesses; *calcareea* will cause pus to be absorbed. Polypi and exostoses of bone. Pain in the back is marked, especially between the shoulder-blades and in the sacrum; there is pain on attempting to rise from a sitting posture. Tendency to take cold. Sleep disturbed, short naps. Sweat after but moderate exercise.

Dr. Searson has continued his clinical demonstrations at the London Homœopathic Hospital on Tuesdays and Fridays; the cases shown have been as follows :—

February 12.—(1) A typical *bryonia* case ; (2) case illustrating post-operative medical treatment ; (3) pseudo-ataxy ; (4) a sulphur case ; (5) example of time modalities.

February 16.—(1) Treatment of quinsy ; (2) broncho-pneumonia ; (3) acute croupous pneumonia ; (4) tubercular disease of foot.

February 19.—(1) Rodent ulcer of the nose ; (2) lupus ; (3) injection of *magnesia phosphorica* ; (4) old-standing rheumatic pains cured.

February 23.—(1) Bronchial asthma in child ; (2) fæcal accumulation ; (3) pulmonary tuberculosis ; (4) case illustrating *pulsatilla* ; (5) chronic constipation cured with *bryonia* and *silica*.

February 26.—(1) Case illustrating *graphites* ; (2) epilepsy cured by *belladonna* ; (3) acute nephritis ; (4) pleurisy in a malarial subject.

March 2.—(1) Case illustrating *nux vom.* ; (2) abdominal tumour ; (3) illustrating *antim. tart.* ; (4) obstetric emergencies and their treatment.

March 5.—(1) Illustrating *phytolacca* ; (2) acute nephritis ; (3) rheumatism with chronic movements ; (4) severe case of chorea ; (5) heart case treated with *cactus*.

March 9.—(1) Strumous dactylitis ; (2) intestinal obstruction ; (3) illustrating *bryonia* in constipation ; (4) *spigelia* case ; (5) necrosis of jaw.

LONDON HOMŒOPATHIC HOSPITAL.

THE Fifty-ninth Annual Meeting of the Governors, subscribers and donors of the Hospital was held on Friday, March 5, at the Hospital, under the chairmanship of the Treasurer, the Right Hon. the Earl Cawdor. Among those present were the Right Hon. the Earl of Dysart (Vice-President), the Misses Bail, the Rev. E. C. Bedford, Colonel Jas. Clifton Brown, Dr. G. Burford, Miss Cameron, Miss Case, Dr. J. Roberson Day, Mrs. Dimmock, Dr. J. Eadie, Dr. Gilbert. Dr. Goldsbrough, Dr. and Mrs. Granville Hey, Miss Clara Hoadley (Matron), Miss Ingram, Mrs. King Church, Mr. W. B. Liddiard, Dr. MacNish, Mrs. Robert Marshall, Mrs. Merrilees, Dr. Byres Moir, Dr. H. D. McCulloch, Dr. and Miss Neatby, Mr. C. Knox Shaw, Sister Mary Watkinson, Mrs. Whateley

Willis, Mr. H. J. T. Wood, Mr. Edward A. Attwood (Secretary), and a number of subscribers and donors. Letters of regret at non-attendance were read from the Right Hon. the Lord Clonbrock, the Right Hon. the Earl of Denbigh, the Right Hon. Lord Deramore, the Right Hon. the Earl of Donoughmore, the Right Hon. Lord Ebury, the Right Hon. the Earl of Essex, Field-Marshal Lord Roberts, the Lady Battersea, Lady Emily Chichester, Lady Harland, Lady Kinaird, the Lady O'Hagan, the Dowager Countess of Kintore, Sir William Dunn, Sir Edwin Durning-Lawrence, General Sir Stanley Edwardes, K.C.B., Sir Edward W. Greene, Bart., Sir John Kennaway, Major-General E. McLaughlin, Colonel Tyler, R.A., the Hon. Wm. Warren Vernon, the Hon. Victoria Grosvenor, the Hon. Mrs. Arthur Henniker, Captain Cundy, Mr. Ridley Bax, Mr. Joseph Howard, the Dowager Countess Cairns, Lady Ida Low, Lady Hope, Mr. Stilwell, J.P. (Chairman of Board), Mr. W. H. Trapmann (Vice-Treasurer), Sir R. W. Perks, M.P., Miss Barton, Dr. Dyce Brown, Mr. R. H. Caird, J.P. (Chairman of House, Nursing, and Building Committees), &c., &c.

The meeting was opened with prayer by the Chaplain (the Rev. E. C. Bedford), and the minutes of the previous Annual General Meeting on February 28, 1908, having been read and confirmed, the Secretary (Mr. Edward A. Attwood) read the Fifty-ninth Annual Report.

The CHAIRMAN (the Earl Cawdor) : Ladies and Gentlemen, — In proposing to you the adoption of this report, I do not think it will be necessary that I should detain you at any great length, for it tells plainly the work of the Hospital for the past year. The first obvious remark I have to make is that 1908 has been a very busy year in every department. As to finance, we show a slight decrease of £194 over the previous year in income. This is mainly accounted for by the loss of a subscription of £100 by the death of the late Sir Henry Tyler, and a special donation of £150 received in 1907 not being repeated last year. A welcome feature is that the income shows a steady increase on the average, it having increased from £6,287 in 1903 to £8,350 in 1908, the average increase for the past five years being £450 each year. This increase does not take into account the special funds raised for the repayment of debt (£12,000), and for the extension of the Hospital (£31,000), raised during the last three years. The

legacies received during the year show a very gratifying increase, viz., £7,313 against £3,948 in 1907; £4,000 of this amount comes from half the residue of the estate of the late Mrs. Mason, and we are expecting to receive another £1,500 at the closing of the estate. The sound principle we have always adopted of investing all legacies over 100 guineas is perhaps one of the reasons why our friends remember us in this manner in their wills.

Turning to expenditure, we find that the Hospital still continues to maintain its position of being managed with the strictest economy, the increase in expenditure over that of the previous year being only £16. The deficit on the year's working, that is, the difference between income and expenditure, is £555, which is a considerable improvement on a few years ago. Although it is not quite as good as the last year or two, it is a very different story from what it used to be four or five years ago, the average deficit for the past four years being £431, while for the previous four years it was an average of £3,000 a year. That certainly is a very considerable improvement. The Hospital is again indebted to the Ladies' Guild and to Lady Perks for organizing another successful Sale of Work at her house and grounds in aid of our Extension Fund, when the sum of £822 was handed to the Hospital in redemption of the promise of £500 to the Building Fund.

At our meeting last year I referred to the deep regret we all felt at the death of Sir Henry Tyler, who was one of our most energetic and enthusiastic supporters in every way. We have been able to persuade Mr. R. H. Caird to take Sir Henry Tyler's place in the capacity of Chairman of the House Committee, Chairman of the Nursing Committee, the Building Extension Committee, and also as a Trustee of the Hospital. I am sure the meeting will wish to tender their thanks to Mr. Caird, for not only undertaking these duties, but for the efficient, careful, and energetic way in which he has done the work for some time past. That means an enormous amount of work; no one could have thrown himself more heartily into it than Mr. Caird has done, and I hope we may tender him our very hearty thanks.

The extension of the Hospital is making good progress; the site is now being cleared. The architect has been appointed, the plans are passed, and the extension will now go forward with all speed compatible with the care necessary in such an undertaking. We have received in cash £32,000, and have

bought an addition to the site—34, Queen Square—and have refunded to the Hospital the cost of Nos. 35 and 36, Queen Square, and the public-house, which, together with the expense of the appeal and the Festival Dinner, &c., makes a total of £11,000, leaving about £21,000 for the building of the new extension. It is hoped that this sum will suffice, but you must not forget there are some suggested alterations and adaptations necessary to the old building and the furnishing of the new extension, at a cost of £2,500, which will also have to be provided for.

The Lord Mayor, accompanied by the Lady Mayoress and Sheriffs, will lay the foundation stone on June 30 next. It would be premature to state at what date the completion and opening may be looked for, but operations will now go forward with all speed. We have also in consideration a Home for our nurses on the opposite side of the street, but the arrangements are not advanced far enough for us to go into detail at this meeting. We have now one of the best Hospitals in the Metropolis, and when our extension is completed and certain alterations and adaptations have been made in our present building we shall have a very much larger one. I am sure we shall all look with anxiety and interest to the new building and the new work we shall be able to do when we get there, and I hope we may be able to rely upon our friends to assist us in the coming years as they have in the past.

The EARL OF DYSART seconded the motion, and the report was adopted.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the Session was held at the London Homœopathic Hospital on Thursday, March 4. Dr. Stonham, Vice-President, was in the chair.

Arthur H. Gregson, M.B., Ch.B., of Blackburn, was proposed as a member by Dr. Cash Reed, and seconded by Dr. Reginald Jones.

Alexander Henry McCandlish, M.R.C.S.Eng., L.R.C.P. Lond., of London, was unanimously elected a member of the Society. *

A letter was read from Dr. Watts, thanking the Society for his election.

The death of Dr. A. C. Clifton, of Northampton, was announced.

Dr. HAWKES, of Liverpool, in a felicitous speech, in which he detailed many of his early reminiscences of Dr. Clifton, proposed the following resolution : "That the Society place on record our appreciation of the work and the worth of our lamented colleague, Dr. Arthur C. Clifton, one of our oldest members ; that we miss him from our midst, and that we offer our sincere sympathy and condolence with his widow and the other members of his family."

Dr. BURFORD seconded the resolution, which was carried unanimously.

Dr. Hawkes, in his speech, had expressed a desire that the Society should in some way provide a tangible memorial of Dr. Clifton, and Dr. BURFORD proposed that this desire should be given effect to by the members raising a small subscription amongst themselves for the purpose of purchasing a revolving slide on which to exhibit the photographs of some of the pioneer homœopaths that Dr. Clifton had presented to the Society some years ago.

Dr. NEATBY seconded this and made the additional suggestion that the photographs, some of which had become somewhat faded, should be reproduced in a more permanent form. The Society unanimously gave its assent to this use being made of the photographs.

The SECRETARY announced that a wreath had been sent on behalf of the Society on the occasion of Dr. Clifton's funeral, and read a letter of thanks from Mrs. Clifton respecting it.

The death of Dr. H. C. Allen, of Chicago, was then announced to the meeting, and Dr. SEARSON proposed, and Dr. DYCE BROWN seconded, the following resolution, which was carried unanimously, viz. : "That a vote of condolence be sent to the widow of Dr. H. C. Allen and his colleagues at the Hering College."

Dr. Owen Rees, from Ohio, and Dr. B. Broomhall were announced as visitors and invited to take part in the discussion on Dr. M. le H. Cooper's paper. Dr. Cooper's paper was entitled, "Some Experiences in the Medicinal Treatment of Cancer of the Breast, Threatened and Manifest." The object of the paper was to prove that cancer can be far more efficaciously treated by medicine than by surgery.

Dr. COOPER began by combating the old view that cancer commences as a local disease, and that any symptoms of

a constitutional nature occurring in a cancer patient are secondary to the growth. He insisted upon its being a constitutional disease from the start, and that there is a recognizable pre-cancerous condition, a state of body in which a mental shock or depressing illness are sufficient to induce the development of a malignant tumour. He instanced some striking cases where surgical removal of the growth, though performed at a very early stage, had been followed by early secondary recurrence in the spine. He introduced to the notice of the meeting a drug which he had found to have a specific affinity for the breast, and which he had found very useful in the dissipation of breast tumours, viz., *scrophularia nodosa*. He then detailed several cases of breast tumours, many of them cancerous, which he had treated medicinally by means of unit doses of arborivital medicines repeated at considerable intervals. The principal medicines used by him were *scrophularia nodosa*, *lobelia erinus*, *ruta graveolens*, *thuja*, and *belladonna*, besides the nosodes *scirrhinus* and *carcinosis*. Two patients who had been successfully treated by him were shown to the Society.

A long and animated discussion of the paper followed.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and donations received from February 16 to March 15, 1909.

| LADIES' BRANCH. | | | | | | Donations. |
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B.H.S. GOLF.

WILL those wishing to enter for the Golf Tournament of 1909 kindly send their names without delay to the Secretary?

H. WYNNE THOMAS.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

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Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. BLACKLEY (London), Dr. A. E. HAWKES (Liverpool), Dr. NEWBERY, Dr. BOFFIN (Chicago, U.S.A.), Dr. PURDON (Croydon), Leeds Homœopathic Dispensary.

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMOEOPATHIC REVIEW.

MAY, 1909.

Editorial Notes and News.

* The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest date.

Long Distance Running and Heart Damage.

THERE has been a good deal of controversy in the *Times* recently as to the effects, whether injurious or not, of long distance running on schoolboys. The Medical Officers of Schools Association, in reply to a circular letter sent to the medical officers of public schools asking for information with regard to this point, has received from thirty-one medical officers the reply that they have never heard of any damage caused to heart or lungs by over-exertion in school races, while seven reported that they had seen some damage, but it was noticed in boys who were not medically examined before they ran. Mr. L. Mackenzie, the medical officer of Blundell's School, when distributing the prizes at the school sports on April 3, said that during thirty-three years' experience of the boys at Blundell School, he knew of no case of permanent damage, and quoted Sir Clifford Allbutt, of Cambridge, "who had paid special attention to the hearts of schoolboys, and who had said that although he had been on the watch for it for many years he had not yet seen any case of permanent damage of any kind to a schoolboy as a result of games and races at school, and he believed it was impossible for the healthy boy's heart to be damaged by any effort

which his own muscular system could impose on it in competition with his fellows." We think this opinion an extreme one. We cannot acknowledge the *impossibility* of a healthy boy so overstraining his heart in running as to cause permanent damage. The paragraph of the *Times* from which we have taken the above is followed by another very significant in this regard. This is it: "Frederick Rumsby, a prominent Hull runner, died yesterday without regaining consciousness, as the result of engaging in a 20 miles Marathon race on Saturday (April 3). During the race Rumsby several times complained of dizziness to the cyclist scout accompanying him, but kept on running. Just as he was finishing the 20 miles he collapsed, and was carried into an inn, where he lay unconscious till death took place the next day. He was only 22, and won the race last year."

* * * *

Bacteria as the Cause of Infectious Diseases. THERE is an interesting leader in the *Lancet* of March 20, under the heading "Bacteriology Tested by Epidemiology," commenting on a paper recently read by Dr. W. H. Hamer, before the Pathological Section of the Royal Society of Medicine. Dr. Hamer discusses the question as to whether the so-called causal organisms are truly causal, or only "secondary invaders." He shows that in many instances the "causal organism" is not of itself capable of producing the disease and that a *tertium quid* must be assumed, and thinks that the "causal" bacteria are often normal inhabitants of the body and only become important in disease. For example, the swine fever bacillus is generally a normal inhabitant of the pig's intestine, and in diphtheria and enteric fever the organisms generally considered to be the causes of those diseases are widely prevalent in healthy people. He finds a point strongly in favour of the existence of some third factor to be "the fact, as a rule, emulsions prepared by grinding up some of the *tissues*, or organs, of an infected animal are far more virulent than *cultures* containing approximately an equal number of bacilli. For instance, in the smallest fatal dose of a culture contained some 20,000 million of tubercle bacilli, whilst the smallest fatal dose of emulsion prepared from the tissues of an infected animal

contained only 5,500 bacilli. There is evidently some other factor which has to account for the greater activity of the emulsion which contains portions of tissue in addition to the bacilli." This fact should be borne in mind by us in the preparation of our nosodes. It seems that we are likely to gain more powerful remedies by triturating diseased tissues and making our potencies from them than by using cultures of the bacilli for that purpose. According to the above figures they would be nearly four million times as powerful. The methods of Swan and Burnett in the preparation of nosodes are, it seems, justified by the latest experiments.

* * * *

The Action of Cocaine. DR. N. S. FINZI, Medical Officer to the Electrical Department of the Metropolitan Hospital, in a paper to the *Lancet* of March 13, on Medical Ionization, makes

a very interesting remark concerning cocaine. He says that if cocaine is ionized into a person, which is effected by means of a solution of the hydrochloride of cocaine, the cocaine being driven in at the positive pole, in a short time the skin becomes anæsthetic, but the smarting sensation caused by the galvanic current is felt just the same as before. If the ionization be now stopped it is found that in a short time the ionized patch becomes very tender, hyperæsthetic, and hyperæmic, and remains so for some while. If sufficient cocaine has been driven in this hyperæmia persists and is replaced later by a brown pigmentation. This would show that the anæsthetic action of cocaine is really a homœopathic one when used to allay the pain of hyperæsthetic parts, since a larger dose (introduced by ionization) causes hyperæsthesia, while a smaller one causes anæsthesia. When the hydrochloride is used in the usual way by means of hypodermic medication, dissociation of the cocaine and hydrochloric acid molecules no doubt slowly takes place in the tissues, and the liberated cocaine, being present in very small quantity at any one time, has an anæsthetic effect. The experiment of Dr. Finzi exhibits, in the case of cocaine, the opposite effects of larger and smaller doses, which is the natural law at the basis of homœopathic therapeutics.

* * * *

THE treatment of snake-bites very appropriately came up for discussion at the **The Treatment of Snake-bites.** Bombay Medical Congress on February 14.

Sir Lauder Brunton contributed a paper enunciating his theory that "permanganate of potash is a complete antidote to snake venom if it is quickly applied in sufficient quantity and in the proper way." The method proposed is to tie a bandage tightly over the limb above the bite, to convert the punctured wound of the bite into a clean cut with a lancet, and to rub in the permanganate, moistening it with water. The efficacy of this treatment found little support from the members of the Congress, and Surgeon-General Benson said that though cases of cure had been reported, little reliance could be placed on it. The treatment by sera was also discussed. The difficulty with this treatment is that no serum has yet been produced which is antidotal to the poison of all species of snakes. The serum which is issued from the Central Research Institute, Kasauli, is prepared with a mixture of cobra and daboia venom, and is therefore useful only in cases of bites from one or other of these snakes. As there are some thirty-nine known species of poisonous terrestrial snakes in India, besides about thirty species of sea-snakes, it is evident that the "polyvalent anti-venine" issued from the Kasauli Institute is by no means a certain remedy in any given case, unless it can be proved that the bite was that of either cobra or daboia. Such proof would be in most cases impossible of attainment.

* * * *

The Energy of Radium.

PROFESSOR SIR J. J. THOMSON, in a lecture before the Royal Institution on the 12th inst., remarking on radium, said: "Radium gave out about a million times as much energy as was given by an equal weight of oxygen when it combined with hydrogen. It was developed by rapidly moving atoms of helium shot out with incredible velocity approaching one-tenth that of light." Where the energy came from to give these heavy things this enormous velocity was a most interesting problem. He asked them to imagine the state of other atoms being bombarded by these helium particles as large as themselves. The condition of a

ship exposed to the fire of Dreadnoughts would be child's play compared with the condition of an atom exposed to a battery of these particles.

If they imagined a town exposed to a bombardment of shots as large as houses and moving a thousand times more quickly than any shot ever shot out of a cannon, they would have some idea of the condition of a gas exposed to the battery of radium. Every helium particle left 30,000 wrecks of molecules of the gas it was bombarding.—*Standard*, March 15, 1909.

* * * *

OUR esteemed and up-to-date contemporary, *The Hospital*, has ventured to criticize Homœopathy, moved thereto by the Mansion House Meeting. We are always glad to read such criticism, but it is a pity that *The Hospital* was in such a petulant temper at the time. We give it credit thus far, in that we believe it has written "according to its lights." The light in this case, however, is one that should be put under a bushel; it does not deserve to be put into a candlestick. The "Homœopathy" we are treated to is of the well-known "scissors and paste" variety, and therefore as little like the real thing as well can be. When one ventures on criticism, many people would say that the person criticizing ought to *know* the subject criticized. That is no doubt the common-sense view of the matter; but then we may be told that "common-sense" is often nothing more than another name for uncommon nonsense. For example, if the reviewer of a book reads, marks, learns, and inwardly digests the book in question, how is it possible that he can escape a bias in the one direction or the other; and if biased, how can he review the book fairly? No! no! the only safety is total ignorance of the book or subject criticized. We may then hope for a wholly unbiased and totally senseless "criticism." At the same time we give *The Hospital* our thanks; it is always interesting and sometimes instructive, *e.g.*, an Editorial appeared in the issue dated January 4, 1908, that might almost have been written by Hahnemann himself. We hope to refer to it further, on some other occasion.

* * * *

**Theory
of Chronic
Diseases.**

IT would never do not to have a "fling" at Hahnemann's Doctrine of Chronic Diseases. But this is a doctrine that even warm supporters of Homœopathy often fail to grasp in its entirety—how much more an outsider. The clothes are often mistaken for the man they clothe; words, the mere counters of thought, to the wise, are regarded as the thoughts themselves by the unwise. To those who have eyes for the purpose of seeing, the *words* of Hahnemann are but the mere transient symbols of an Eternal Truth. The great facts he laboured to express were and are truths of the most vital import to those who know how to handle the tools he put into their hands. The language used a hundred years ago to clothe these facts may have been grotesque from the point of view of to-day, and so were the clothes covering the men and women of that time. But the *facts* were there all the same: were there, indeed, from the beginning of time, and will be there till time shall be no more. The *principles* laid down by Hahnemann remain unchanged. The endless striving after perfection which characterized all his methods will never cease. Like all true sciences, this, *the Science of Therapeutics*, is a progressive science, though the principles underlying remain unchanged; that is to say, like every true science, it is capable of infinite progress in each of its elements, without detriment to its integrity as a whole. Therein *progress* differs from mere movement. Orthodox medicine has the unfortunate knack of mistaking mere movement, such as might be illustrated by the movements of a hobby-horse, for progress. But Homœopathy is not only capable of progress as above defined, it possesses in addition to that the "hall mark" of the true sciences—the power of *prevision*: it furnishes the means of *knowing in advance* the medicine that will cure new or unknown diseases. No need to waste time experimenting on the lower animals while patients are dying. There is the "Disease," here is the *Materia Medica*, and *similia similibus* expresses the relation between them.

* * * *

**Then
and Now.**

WE are told that "his course appears to have been dictated by a feeling of revolt against the complicated and futile concoctions which filled the pharmacopœias of his day; and we do not deny that his creed may have exercised a salutary influence upon the ignorant drug-vending which filled so large a place in the medicine of the time." Are the "concoctions" any less futile to-day? We do not think so, though they may be a trifle less disgusting. Read any up-to-date "Practice of Medicine," such as Osler's, and it is astonishing how little space is devoted to treatment by drugs; and it would be still less were it not for the numberless "vain repetitions." But our contemporary is wrong for all that: Hahnemann's course was dictated by an overmastering passion to heal the sick, and by that alone. His work has left an impress upon every branch of medicine and surgery, an impress which is still evident and daily growing more so, although this may be denied by *The Hospital*. Still, there it is all the same.

* * * *

"WE should not have bestowed any concern upon this business were it not for **The Reason for this Criticism.** the fear that money, urgently required for the prosecution of scientific medicine, may be diverted, through the ignorance of benefactors, into the superstitious channels of homœopathy." Dear me! dear me! This becomes more and more sad! But *The Hospital* has "touched the spot" again—money is *urgently required for the prosecution of scientific medicine*, and we are going to get it. Not the "scientific medicine" of the orthodox school which consists of a meaningless jargon, the outcome of ages of empiricism; a sort of "hotchpotch" rewarmed and stirred up from generation to generation, and served out to our budding medicos, who swallow it down because they know no better, and because they are told it is "good for them." The only parts in this mass of corruption worth anything are the parts subservient to *similia similibus*. Take a passage from Osler: "The treatment of chlorosis affords one of the most brilliant examples—of which we have but three or four—of the specific action of a remedy. Apart from the action of *quinine* in

malaria, and of *mercury* and *iodide of potassium* in syphilis, there is no other drug, the beneficial effects of which we can trace, with the accuracy of a scientific experiment. It is a minor matter *how* the *iron* cures chlorosis." So, by means of "three or four" remedies, more or less homœopathic to the special diseases, for which they are regarded as specific, orthodox medicine is saved from complete therapeutic bankruptcy. It hides its nakedness by wrapping itself round with garments borrowed from homœopathy, and then kicks its benefactor, and talks of "*scientific* medicine." That blessed and comforting word "*scientific*"! Like charity, it covers a multitude of sins—of empiricism.

* * * *

"To the homœopathist the symptom of
 Another a disease is everything, the cause nothing.
 "*bonne bouche*." What matter, though convulsions may be
 due to tetanus or epilepsy, strychnia or
 uræmia? There are the convulsions, and *ex hypothesi*, strychnia
 should cure them." The homœopathist does *not* treat diseases
 —not even "*fits*"—he treats *patients*; and no two patients,
 be they suffering from "convulsions" or anything else, are
 ever quite the same. All the great lecturers on medicine,
 past and present, have been careful to tell us that it is not
diseases that we treat but *patients*; this, however, on their part
 was and is merely a pious aspiration, for, unfortunately, they,
 one and all, forgot to show us *how* to do it. That was reserved
 for the genius of Hahnemann. To us the symptom of a
 "convulsion" is of little use as a guide to the curative
 medicine, we need something deeper and far more minute
 than that. We have to find out how the patient in question
 differs from every other patient, in other words, to rigidly
 individualize. This is the only possible way to treat *patients*—
 as opposed to "*diseases*," falsely so-called—and the *only way*
to reach the cause. Every other method is merely empirical,
 a shot in the dark.

We are next treated to a laboured explanation as to why vaccine-therapy is absolutely different in principle from that underlying homœopathy. We are told that homœopaths claim that the principle in both cases is the same; but if we mistake not, others besides homœopaths claim this—those,

indeed, in the very front rank of orthodox medicine. Can *The Hospital* blame us if we follow such distinguished leaders?

* * * *

As our contemporary seems somewhat befogged on this subject, we will mention one or two points that deserve to be thought over and made a note of. First of all, Homœopathy is *The Science of Therapeutics*. It is concerned with the application of medicines, for the healing of the sick. One great difference between the two schools is the method by which the curative medicine is chosen. All other points in the practice of medicine and surgery are practically the same in both schools. The homœopathist is in duty bound to make as exact, careful, and comprehensive a *diagnosis* (in the usual acceptation of that term) as his brethren of the dominant school. When the diagnosis of the disease is completed the troubles of the orthodox practitioner are practically over; on this diagnosis, be it right or wrong, he founds his choice of medicines which he hopes will combat the *disease*. For all practical purposes the patient in such a case counts for little or nothing, and it is even possible that such a patient may die "cured" of his disease. No notice is taken of peculiar or unusual symptoms, which serve to mark off that particular patient from all other patients suffering from the same disease—except to record them as *curiosities*, e.g., the "rabbit-like" action of the *alæ nasi* in certain diseases. Now we do not deny that there may be cases in which the homœopathist may have to adopt the same plan for various reasons; but such cases ought to be the exception, not the rule. With the completion of the diagnosis in the orthodox sense, the troubles of the homœopathist are by no means over. He has next to make a further diagnosis of the remedy indicated, often a most difficult and intricate matter. The symptoms sufficient for the *diagnosis of the disease* are naturally too crude and general to be of much use in the *diagnosis of the remedy*, for it is the *patient* we are to treat not the disease. Hence the need for rigid individualization and investigation to discover how the patient before us differs from every other patient suffering from the same "disease." We do not say lobar

pneumonia, *therefore* give such and such a medicine ; we must first discover how *this* case of pneumonia differs from every other case called by the same name. Only thus is it possible to treat *patients*.

Original Articles.

THE DIET FACTOR IN DISEASE.

By GEORGE BLACK, M.B. EDIN.

(Continued from p. 92.)

"CASE I.—J. M., male, aged 40, admitted September 27, 1902. Previous history of several attacks of flatulence, dyspepsia and constipation, but no attack similar to that from which he then sought treatment.

"On September 23 he was seized with sudden pain in the abdomen, not localized to any particular region ; two normal stools were passed, but produced no abatement of the pain, and he then sent for a doctor, who injected morphia. During the night the pain returned so severely that morphia was again injected. From this time until the operation, four days later, no stool was passed. On the third day the pain was marked in the right lower quadrant, and tenderness could be elicited over McBurney's point ; the abdomen was distended, clear on percussion, and there was vomiting ; the matters vomited did not contain bile or fæcal matter, but after admission the vomitus was brown, though still without fæcal odour.

"On the fourth day the abdomen was opened on the right side by an oblique incision, 1 in. internal to the anterior superior spine. On opening the peritoneum, the omentum was found adherent to the parietal peritoneum ; this was separated and pushed upwards ; the cæcum was found collapsed. In a pocket above the cæcum a small amount of pus, which was offensive, was found ; then more pus welled up from the pelvis. This was sponged away, but more appeared after a large amount had been sponged away, and the cavity appeared to be dry ; a large drainage-tube, with a gauze wick, was passed down to its lowest point, which appeared to be by the side of the base of the bladder. The

cavity in which the tube lay had for its outer and lower wall the iliac fossa, lined by peritoneum; above lay the cæcum, and, internally, an apparently healthy loop of intestine not covered by lymph. As this loop was distended, and the whole abdomen was somewhat tense, it was drawn out and fixed in the wound with the intention of opening it in twenty-four hours, if no action of the bowels had been obtained before. This loop lay between a plug of gauze in the upper cavity and the tube covered by gauze below. Patient was very collapsed after the operation, and died without rallying from the shock.

"At the autopsy, pus was found in large quantity free all over the abdominal cavity, but most marked in the renal fossæ and in the pelvis.

"In this case it is obvious that most valuable time was lost, and that, for the operation to have been successful, it could not have been done too soon. It is quite possible that the practitioner in attendance was misled by the effect of the morphia first injected, for during the first two days, he informs me, the symptoms all appeared to improve greatly; but the point which I wish to emphasize is that this was a case without history of any previous attack of a similar nature; the virulence of the invading organisms, as well as the power of the resistive forces in this man, were unknown quantities. Anything was possible; the bodily powers might have been capable of an efficient resistance or, as unfortunately was the fact, the invaders might have been irresistible.

"Contrast this case with the following:—

"CASE 2.—Mrs. B., aged 33, sent by Dr. Riddall. Prior to the present attack, the patient states that she has had for the past five years repeated attacks of pain in the right lower quadrant of the abdomen, accompanied by vomiting and diarrhoea.

"The present attack began on September 18, 1907, with diarrhoea and great pain in the region of the appendix, which increased up to September 22. At that time she consulted Dr. Riddall, and stated to him that she was suffering from diarrhoea, which she attributed to the eating of plums and sequent taking of seidlitz powders to counteract their effects. She was ordered a mixture containing *carbonate of bismuth*

and *nepenthe*. On the 23rd and 25th she declared herself much better. On the 25th she went into Yorkshire, and remained there until October 2. During this time she had great pain in the appendical region, with vomiting and rigors, and was confined to bed.

"On October 3 she saw Dr. Riddall, having returned the night before, and was promptly sent to bed.

"On October 4, he found much tenderness and some rigidity over McBurney's area. A long, sausage-shaped swelling was present in this region; there was sickness and repeated rigors. Temperature 103° F.

"On October 5 I saw her in consultation with Dr. Riddall. The patient lay in bed with her right leg somewhat flexed. She complained of pain and tenderness in the right lower quadrant, the tenderest spot being rather higher and further outwards than McBurney's point. There was marked rigidity of the muscles of the abdominal wall in this region, though not elsewhere, and there was dulness spreading from Poupart's ligament upwards for from $1\frac{1}{2}$ in. to 2 in., with a convex upper border. Temperature 103° F., pulse 120; some feeling of shivering from time to time; face placid; tongue moist; skin soft and moist.

"October 6.—Temperature 103° F. in the morning, 104° F. in the evening.

"October 7.—Temperature normal. Removal to nursing home. From the time of her admission until October 19 (twelve days) the temperature varied from 97° F. to 99.8° F., the pulse from 68 to 84. She vomited three times during the night after admission, twice on the 9th, but not after. Pain was felt in diminishing amount until the 10th. The mass in the right inguinal region was well defined up to the date of the operation.

"On October 19 the appendix was removed. It was found buried behind the ascending colon, and surrounded by firm adhesions, which necessitated the division of it close to the cæcum and dissection downwards towards the tip, after closure of that opening. This dissection lasted for some time, and would certainly not have been borne had the operation been performed at the commencement of the attack, or whilst the pulse and temperature were high. The appendix was kinked,

dilated, and thinned at its extremity, and contained an enterolith. Some dried pus was found amongst the adhesions. Recovery was uneventful, the temperature only reaching 99.6° F. once, and the pulse ranging from 72 to 80.

"These two cases are simply given as examples ; they could very easily be multiplied to a large extent, and show, I submit, that the division suggested is a most important one, and that we may contemplate with serenity in cases with a previous history temperature, pain and vomiting, which, in primary cases, should at once demand operation. By this distinction also we avoid interference, at an unfavourable time, with cases in which operative work is likely to be tedious, and therefore dangerous, until a period in which the same can be performed with safety."

This lecture appeared in *The Practitioner*, and I have inserted it here practically in its entirety, in the first place because it to a large extent expresses my own views in regard to the subject under consideration, and in the second place, because I feared that in condensing it I might leave out something that the author himself or another might have regarded as essential.

It is not often in our current literature that one has the opportunity of reading anything so admirably expressed as is the case here. It is the work of a thoughtful, scholarly man, who writes simply and naturally of that concerning which he has full knowledge, whose field of vision is wide and clear, whose earnestness of purpose and sense of responsibility are very apparent, and who never strives after effect.

Apart from the matter it contains, I have greatly enjoyed reading it on account of the ease and naturalness that characterize it, and the grace and beauty of the language employed. I commend its careful perusal to all. As I have already said, with most that is here stated, I am in full accord.

In dealing with cases that have a history, and pleading for the abandonment of all operative interference till the attack is over and a quiescent period reached, he presents, in the hypothetical case he gives, an admirable picture of the difficulties the surgeon would have to deal with under the worst possible conditions, as far as the patient was concerned, should he at this time interfere. To me his description is of the deepest

interest, because it shows how carefully Nature works to protect the individual from harm, how she is ever seeking to right what is wrong; and to do the best she can with the material at her disposal. The practitioner who does not know that Nature is with him in all the salutary measures he may employ has to make the discovery of a great truth. When he knows it and has faith enough to repose confidence in Nature's methods, much that seemed impossible will become easy of accomplishment, and the more he trusts the more he may trust, for Nature's resources are far beyond our ken. If the material be satisfactory, no one knows how to use it as she does; if it be defective she cannot make it sound, but she will do her best with it. Little by little she will endeavour to get rid of that which is morbid and replace it by that which is healthy and good. What wonders she accomplishes amidst all our bungling, even when we have done our worst with the honest intention of doing our best! Let all who know this declare it, that others who have never watched Nature in her methods may profit by it.

With reference to the cases in question—even those with a history—my contention is that, seeing what Nature is capable of accomplishing, there is frequently no necessity for operative interference; such, at any rate, is my own experience. What I believe is this: that with proper care in diet and the use of suitable homœopathic remedies the person who has had previous attacks may be kept well, or if ill be quickly restored to health again. It may be true, as Mayo Robson says, that in the quiescent period there is little or no danger from operative interference, although I maintain:—

- (1) That you cannot give chloroform without risk to life.
- (2) That however favourable the circumstances may be, you cannot open the abdomen of anyone without endangering that person's life.
- (3) That even if life itself were not immediately endangered by our interference, it is impossible to leave structures, after such an operation, as we found them, and that consequently risk to life and to health may be the outcome of what we have done.

I plead, then, for the trial of a well-regulated diet rather than the adoption of surgical methods, and, if my experience is borne out by others, in many cases this will suffice.

One objection which I take to the cases recorded here, and I think it is a serious one, is the insufficient data with which we are supplied. For example, nothing is said either in the hypothetical case or the two others as to the patient's diet, and the only reference to medicinal treatment is where we are told that a little *morphia* was injected twice in Case 1, and a mixture containing *carbonate of bismuth* and *nepenthe* was given in Case 2.

In Case 1 it is mentioned that the bowels had not acted for four days, but we are not told whether measures were adopted to produce an action or matters were allowed to remain in abeyance. This is of the utmost importance, as it is often through the administration of purgative medicines that great mischief is done, simple cases being rendered complex, and more serious ones made formidable, where such means are resorted to. With a minimum of food in the form of strained gruels, the juices of fruits, vegetable soups, distilled or other soft water, a rigid abstaining from all purgative medicines, and the application of hot moist compresses while the pain continues, most cases of appendicitis will do perfectly well. Keep the parts, as far as it is possible to do so, at rest. It is the secret of success. Do not trouble if there is no movement of the bowels for ten or fifteen days or even longer, and do not allow your own thoughts or the importunity of friends to frighten you into giving something to cause the bowels to act. I know the difficulties one has to contend with in this respect, but I cannot urge upon my readers too strongly the necessity there is to remain firm.

The popular mind has a great dread of what it calls "stoppage," and is genuinely anxious when there is no movement of the bowels for days together, so that it requires a strong conviction on one's own part to resist the entreaties of relatives and friends that an aperient of some sort should be given. But this resistance is absolutely necessary. By giving a diet such as I recommend, the medical attendant need not trouble himself about the matter. Rest, time, and the employment of suitable homœopathic remedies will in due course bring about the subsidence of all inflammatory symptoms, the relief of pain, the gradual diminution of tenderness, the dispersal of the swelling, the restoration of peristalsis, and the

natural evacuation of the bowels. In some cases, when a long time has elapsed and all inflammatory conditions had long passed away, I have given enemata of warm water or barley water, and these have done all that was required ; so once again I say, in contradistinction to all that may be urged on the contrary, "Wait." If you do so, you will at least escape the bitter shame and sorrow that must lie like a heavy load on the heart of the man who has operated on some fair young creature in all the bloom of early womanhood, and the next day or the day after has known her to be a corpse.

Our profession contains much concerning which we may well hang our heads in sorrow, but to my thinking one of the blackest and saddest chapters is that which relates to the surgical treatment of appendicitis. When the present vogue has passed it will surely be recognized that as multitudes of lives were sacrificed in the old days when bleeding was triumphant, so has it been in ours in connection with appendicitis. Against such methods in the treatment of this disease I enter a solemn protest. In the majority of instances they are unnecessary, they are fraught with grave danger, and ought to be abandoned.

Before leaving Mr. Bishop's lecture, I would just like to say that I do not agree with him in the statements he makes regarding "cases with no history." "In these," he says, "we have no previous knowledge as to the relative value of the forces engaged. We cannot gauge the virulence of the micro-organisms or the power of the resistive forces. In such cases there can, I think, be little doubt that operation, if only to ensure thorough drainage at the earliest possible moment, is the only wise course." Having made this statement his cautious nature is not satisfied, so he immediately adds, "Too great care cannot be taken not to attempt too much at this time ; if the appendix is easily and quickly accessible it may be taken away, but even this is risky" ; and then this wise surgeon goes on to speak of other risks that the operator may have to face.

Why not have a little more faith in Nature and her methods ? He has shown us what she can do, how conservative she is in all her operations, how careful in her workings ! What walls of adhesions she can build up ! What defences

against infection she can erect! Why not, then, trust her more fully? My belief is that in doing so we should have every reason for thankfulness in the result.

In a leading article the *Lancet* discusses the suggestion that the unknown factor in the causation of appendicitis is *boric acid* introduced into food for preserving purposes, and proceeds as follows:—

"It would appear to be the fact that *boric acid* or its compounds are used much more frequently than any other antiseptic, and many attribute the prevalence of indigestion to this chemical substance. In one instance, that of a medical man, *boric acid*, even in small doses, taken with milk or butter, gave rise to an acute attack of indigestion. From this it is suggested that indirectly *boric acid* may lead to appendicitis, since dyspepsia and flatulence are regarded to be exciting causes of the disease, promoting distension and thus facilitating the escape of septic matter into the appendix."

It may be well to enquire into this matter, that we may see if there is any connection between the pathogenesis of *boric acid* and the symptoms of the disease under consideration.

In the first volume of the "Cyclopædia of Drug Pathogenesis," under Borax, we have the following:—

D. M., aged 25, took $1\frac{1}{2}$ drachms of borax in cold water fasting. In three quarters of an hour it produced vomiting of a viscid fluid mass, with strong alkaline reaction. One day at 8 a.m. he took 1 drachm, the same at 8.30, 9, 9.30, and 11 a.m. After these doses there occurred great nausea and weight in the stomach, going off when walking in the open-air. In the afternoon there was rumbling in the belly, and two scanty, pappy stools. The same person one morning took 1 drachm of *boric acid* at 8 a.m. and again at 9 a.m. In three quarters of an hour he was seized with sudden, violent nausea, retching or vomiting of $1\frac{1}{2}$ oz. of viscid slime with watery fluid, with strong alkaline reaction.

A man, aged 62, suffering from catarrh of the stomach and proctitis, got for the latter, twice daily, from December 8 to 24, 1882, a clyster of *boric acid*, gr. 300 in $2\frac{1}{2}$ per cent. solution. All went well till the 23rd, when appetite departed, weakness set in, and temperature rose to 38.6° C. On the 24th he appeared pale and collapsed; was apathetic; complained

of headache, vertigo, noise in ears, great weakness, loathing, and sweat in scrobiculus cordis, with occasional vomiting of greenish stuff; tongue dry and furred, difficulty of moving it, and dryness in the throat; urine showed albumen and *boracic acid*. These symptoms continued until the 26th, only they were slighter; urine free from albumen; temperature lower. On January 2 he was as well as before using the acid.

A man, aged 25, after thoracentesis, was treated by washing out the pleural cavity with 5 per cent. boracic acid water, the operation lasting an hour, and 15 quarts of the solution having been employed, a portion of which remained in the chest. Vomiting, weakness, increase of pulse and temperature followed, and later on an erythematous eruption on the face. Within a day or two all these symptoms grew worse: the erythema spread over the body and thighs; pearly vesicles appeared over face and neck; vomiting continued; weakness increased; weakness and dimness of vision followed, and finally, on the fourth day, death.

A patient, aged 16, suffered with an abscess in the region of the hip, which was washed out by a similar solution, a portion remaining in the cavity of the abscess. Within a quarter of an hour uncontrollable vomiting began, and the patient died of exhaustion on the third day.

A terrier was poisoned with repeated doses of borax. He had vomiting of slime and bile, and seemed to be in great pain. He was killed. The *post mortem* showed softening of the mucous membrane of the pylorus, some inflamed patches in the upper third of the ileum, also inflammation of muscular layer of bowel, and softening of the mucous membrane, including that of the ileo-cæcal valve. (Binswanger.)

In "Allen's Encyclopædia," nausea is a frequent symptom amongst the provers, also vomiting and great discomfort and distension after eating.

Pressive pain is frequently spoken of in the left hypochondrium. "Cutting in right hypochondrium, extending downwards across through the bowels, followed by diarrhœa."

"The drawing, sticking pain in the right side of the chest extends down into the right flank, where it becomes exceedingly painful on hiccoughing, sneezing, coughing and yawning."

"Pain in the abdomen several times through the day, as if diarrhoea would result.

"Pinching in the abdomen with diarrhoea (after twenty days).

"Frequent, very easy stool, every day. Diarrhoea six times from morning till 2 p.m. without pain."

In the leading article to which reference has been made, the writer states that many attribute the prevalence of indigestion to this chemical substance used as a preservative in connection with various articles of food. "From this it is suggested that indirectly *boric acid* may lead to appendicitis, since dyspepsia and flatulence are regarded as the exciting cause of the disease." If this be so, it is abundantly clear from the pathogenetic records I have given that *boric acid* produces considerable gastric disturbance, accompanied by nausea, vomiting, flatulent distension, abdominal pain, and diarrhoea.

What share it may have by reason of its existence in our foodstuffs in the production of appendicitis it is not very easy to determine; its primary action is to set up diarrhoea, which is followed by no stool for several days, then afterwards by a hard stool daily, so that in the first instance it would correspond to the catarrhal variety, while in the second it would resemble that more usually met with.

The close analogy presented by borax, in its pathogenetic effects, to appendicitis, ought to cause us, as homœopaths, to bear it in mind when called upon professionally to attend such cases. I have myself no experience of it in this connection, nor have I traced any direct influence of borax in giving rise to the disease in any of the cases that have come under my observation. I believe, however, that conditions of constipation generally exist in those who suffer from appendicitis, and the long-continued use of such a substance as borax, by its action as a gastro-intestinal irritant, is well calculated to set up a predisposition to this disease.

It is frequently asserted that vegetarians are exempt from this disease, and doubtless they would be if they always lived wisely; but even vegetarians may err in the matter of their diet, and, although living far more hygienically than their neighbours who partake of flesh meats, they are occasionally

found transgressing, and as the result of injudicious and incongruous mixtures may even suffer from appendicitis. As a vegetarian myself I am sorry to have to say this, but it is true nevertheless.

In an article by Dr. David Walsh that appeared in the *Medical Press and Circular* of February 22, 1905, the writer says, speaking of the causation of the disease : " Little is really known as to its ultimate causation, although the general conclusion appears to be that the localized inflammatory process is of microbial origin, and that again is connected with constipation as a precedent or associated condition." I do not know about the microbial part of it, although in inflammatory conditions about this region one would be pretty safe to mention it, but in most cases it will be found that there has been an antecedent state of constipation.

Speaking of an article which appeared in the *Nineteenth Century* for January, 1905, in which the writer announces as one of the causes of appendicitis the use of Hungarian waters, aperient salts, and liver pills, he says : " It is an absolutely gratuitous assumption, based on an equally unproved theory of the action of saline purgatives, namely, that the watery flow leaves solid matter behind to accumulate in the cæcum, and by subsequent putrefaction to set up inflammatory mischief in the neighbourhood of the appendix."

Without telling us how these purgatives act, he says : " As a matter of fact, solid accumulations in the cæcum are rare under any circumstances, and although small fæcal concretions are sometimes found in the vermiform process in appendicitis, yet they are, on the other hand, just as conspicuous by their absence. Appendicitis," he says, " is three or four times more common in men than in women, but women are more prone to constipation and therefore use more aperients."

The statement that women are more prone to constipation than men is, I believe, correct ; but it does not follow, and in my opinion is a mistake to say, that " therefore they use more aperients." As a rule they have little knowledge of their internal economy, and largely owing to ignorance, carelessness, and a natural delicacy in speaking about such matters, many of them suffer from constipation ; but without any statistical information I should certainly be of opinion that they in-

dulged less in aperients than men. Men are much heavier eaters than women; they constantly overload the stomach and bowels and frequently take purgatives to get rid of the accumulations.

According to the *Lancet*, the age at which appendicitis usually occurs is from 10 to 20 years, which is not the period of life during which purgatives are generally taken. This writer is a special pleader in the interests of aperient medicines, and of one in particular which he speaks of in the highest terms, saying that in a host of cases of chronic or recurrent constipation the morning draught of this aperient water is the sheet-anchor of the medical attendant.

I do not know, I am sure, what would have become of my patients if these things had been a *sine qua non* in the treatment of constipation, for I do not think that during the time I have practised homœopathically—now fifteen or sixteen years—I have prescribed a single dose of any of them, and I certainly cannot complain as to my results in many cases where old school practitioners and their remedies have been of no avail.

I can, moreover, assure this writer that I have used many of these saline and other aperients in the days gone by when I practised allopathically, and have found them wanting. Whatever temporary effect they may have, they cannot cure a patient of constipation. It requires other and very different methods to accomplish this.

Here is a wonderful statement: "It is not only by way of prevention that mineral waters are valuable. As every practical physician knows, they constitute our great therapeutic weapon in the large class of cases where the symptoms are early and mild, and where it is reasonable to anticipate relief or cure without the aid of the surgeon. In such cases a wineglassful of the aperient water can be given every morning. In cases where appendicitis has shown itself, but has not recurred, the same remedy can be used every other morning for months together. In recurrent cases the question of operation always demands most serious attention. As a preventive measure in cases of chronic constipation a similar course can be adopted. Something of the kind is specially indicated when examination shows the blood to be defective, or when the patient suffers from dyspepsia

or other gastric troubles, or is engaged in a sedentary occupation. To a certain extent the use of a natural saline aperient water may be made to compensate unfavourable conditions in the individual, as, for instance, overfeeding, excess in alcohol, want of exercise, the gouty or rheumatic habit, and, generally speaking, depressing or harmful factors of the modern civilized environment which are prone to lead to impairment of the ordinary physiological functions of our daily life."

This appears to me very pernicious teaching. If any inflammatory process has been set up, the less the bowel is disturbed by purgative medicines—be they mineral waters or anything else—the better. A much safer plan than this would be to get the individuals so suffering to pay attention to their diet.

Many cases whose premonitory symptoms point to appendicitis would get well if the patients abstained from food altogether for a time, or had nothing but well-boiled and strained oatmeal gruel, barley jelly, and the juices of fruits.

It is, in my opinion, by the administration of purgatives in the early stages of this disease that so much mischief is done. I pity the medical man that has nothing better to trust to as a sheet-anchor in appendicitis than aperient mineral waters, and I pity the patients who are called upon to submit to such treatment. Mild cases become grave, and uncomplicated cases are rendered complex, where such methods are adopted. When poor human nature is given a chance and gentler means are employed we shall hear less of the terrible mortality associated with this disease.

(To be continued.)

DIABETES MELLITUS.

Abstract of Dr. Pavy's Lectures.

DR. PAVY has recently delivered, before the Royal College of Physicians of London, a series of lectures on "The Pathology and Treatment of Diabetes Mellitus viewed by the Light of Present-day Knowledge." The pathology of diabetes is a subject of much controversy, and the views of physiologists with regard to the transmission and utilization of sugar in the body differ widely. Dr. Pavy combats vigorously for his own

view of the subject. His presentment is clear and logical, and his great clinical experience and long study of diabetes demand that his opinions with regard to it should be received with the utmost respect. As his lectures are at present the last word on the subject, and are also of great interest as an illustration of the way in which the problems of metabolism are handled by modern scientific research, we have made an abstract of the lectures for the benefit of those of our readers who may not have had time or opportunity to wade through their rather voluminous reports.

"Diabetes constitutes the result of an erroneous procedure connected with the application of carbohydrate food to the purposes of life." It falls within the province of physiology to reveal to us the normal procedure taking place in the assimilation of carbohydrate, and it concerns medicine to rectify the errors in this procedure which cause disease. For good medical treatment a correct view of the physiology is necessary, and for the comprehension of the nature of diabetes it is necessary to have a right knowledge of the manner in which carbohydrate becomes physiologically disposed of within the system. The especial point to be considered is the mechanism associated with the passage of carbohydrate from its seat of absorption in the walls of the alimentary canal to its utilization in the tissues. Obviously the circulatory system has to be traversed in this passage. How does this occur? Does the carbohydrate pass through the circulation in the form of free sugar, or does it, on absorption, become immediately combined with other matter, and in this locked-up state become transported to the seat of its utilization? For the decision of this point the following facts are important. The passage of sugar in the blood in the free state to the tissues involves its being carried through the kidneys, and its appearance, in consequence, in the urine. Now it is fully established that sugar is normally present in the urine, but in very small quantities—quantities too small to be detected by the ordinary Fehling's solution test. Sugar belongs to the class of small molecular bodies which flow off, in association with the water of the urine, from the blood circulating through the kidneys; and in proportion as sugar is present in the blood, so it may be looked for to be present in the urine. The

amount of sugar ordinarily present in the blood is about 1 per 1,000, and this is the source of the extremely minute quantity that can by special tests be found normally in the urine. If sugar be injected into the veins it immediately appears in the urine in easily detectable quantity; it runs off through the kidney as through a filter. Thus the urine, alike for small quantities as for large, affords an indication of the state of the blood with reference to sugar and if from any circumstance there is an entry of free sugar into the circulation, it becomes at once proportionately apparent through the medium of the urine. In health the carbohydrate taken into the stomach does not reveal itself as sugar either in the blood or in the urine, but in diabetes it does; the same condition results as when sugar is directly injected into the circulation through a vein—the sugar appears in the urine. In many cases of diabetes a certain amount of carbohydrate can be taken without sugar appearing in the urine, but if this definite amount is exceeded the surplus carbohydrate appears in the urine as sugar. Up to a sharply-defined point the carbohydrate taken in these cases behaves as it does in the healthy subject; all taken beyond this point flows off in the urine as sugar. Cases vary much as to the position of the boundary line, some tolerating very little and some a good deal of carbohydrate food. It is not possible for the carbohydrate of the food to pass through the circulation to the tissues in the form of free sugar without the transit being revealed by the appearance of sugar in the urine. Therefore in the healthy state the carbohydrate of the food does not pass into the circulation as free sugar.

It is now generally admitted that carbohydrate enters into the constitution of protein, and that carbohydrates can exist in protein either loosely linked so as to be readily separated again, or built up into the protein by means of the synthetic power inherent in bioplasm. Nowhere is there such active protein formation as at the seat of intestinal absorption. After a meal, extremely active bioplasmic growth starts into operation, the newly-formed bioplasm flowing, in the shape of lymphocytes, through the chyliferous vessels into the circulatory system, and giving rise in the blood to the digestive lymphocytosis which is observed to follow the ingestion of

food. Thus everything points to the disappearance of sugar at the seat of its absorption by its being synthesized into protein. Locked up in protein, it is carried by the lacteals to the circulatory system, which distributes it to the tissues. Any excess sugar not built into protein at the seat of absorption finds its way through the portal vein to the liver, where it is converted into glycogen and stored as such. The lymphocytes are the agents concerned in the synthesis of sugar into protein; in the mucous membrane of the intestines there is a very active growth and renewal of lymphocytes in concurrence with the absorption of the products of digestion. The lymphocyte grows upon the absorbed material supplied to it by the food; it takes, from the molecules around, those of suitable configuration for being linked on by the combining influence of affinity. In the language of the side-chain theory, bioplasm consists of complex molecules made up of a functioning central nucleus provided with innumerable arms or side-chains, with ends of various configurations adapting them for junction with suitably constructed foodstuff and other molecules. Carbohydrate food is, by the action of enzymes, brought into a molecular condition suitable for being linked on to some of the side-chains of the lymphocyte, and so to be incorporated with it. Just as bacteria grow in a culture medium, so do the intestinal lymphocytes grow upon the products of digestion that have passed by diffusion into the lymph spaces of the villi, and this takes place whether those products are derived from the proteid, or the carbohydrate, or the fatty constituents of the food. The products of digestion thus become assimilated at the seat of absorption, being rebuilt before they reach the blood into molecules of sufficient size to be precluded from flowing off with the urine in their passage through the kidneys. The lymphocytes so built up pass through the thoracic duct into the blood, and arriving there gradually undergo autolysis, breaking down again into molecules of suitable configuration to be linked on to the tissue-cells, which in this way have their nutriment brought to them.

The sugar which fails to be assimilated by the lymphocytes at the seat of intestinal absorption passes on to the liver, and is there converted into glycogen. The liver constitutes a

second line of defence against the admission of free sugar into the systemic circulation, and so prevents the production of more or less glycosuria that would ensue if the sugar passed on into the circulation instead of being stopped. The sugar retained as glycogen in the liver forms a reserve store for the tissues to draw upon. When the tissue cells need more sugar than the blood can supply to them, by means of what is brought to it locked up in the lymphocytes from the thoracic duct, the reserve glycogen supplies the want. By the action of an enzyme it is converted into sugar (dextrose), which becomes loosely linked on in the form of a side-chain to a large molecule constituent of the blood, probably proteid in nature, and is carried in this locked-up state to the tissue-cells needing it, and to which it is given up. The protein molecule acts as a transport, readily receiving the sugar molecule as a side-chain, and as readily parting with it to the tissues which have a greater affinity for it.

(There is evidence, however that carbohydrate can exist in another state in the molecule, so closely locked up that it cannot be cast off at will, but can only be liberated by the molecule itself becoming disintegrated.) The method of transportation of sugar as locked up in proteid receives its illustration from what occurs in the diabetes caused by the ingestion of phloridzin. In phloridzin diabetes the kidney cells seize on the glucose side-chain or disintegrate the complex molecule, as the case may be, with liberation of sugar which flows away in the urine; but there is no glycæmia, which shows that the sugar has been carried in a locked-up state to the kidney cell and has not been free in the blood; the kidney cell, under the abnormal stimulus of phloridzin, steals the sugar from the transporting proteid molecules before they can carry it to the tissues (such as the muscle cells) that would otherwise assimilate it and to which, one may say, it rightly belongs.

It has for some years been recognized that the pancreas performs a function in reference to carbohydrate metabolism. Something derived from the pancreas is necessary for its due performance, for in the absence of this something carbohydrate shows itself as sugar in the blood and urine. In the proper passage of food molecules to utilization a preliminary linking

on to the various bioplasmic molecules of the body is generally admitted to take place; not till this has occurred can they be brought into relation with the other constituents of the molecule, notably oxygen, and put into a position to permit of the interactions attended with oxidation and the liberation of energy that are observed to take place. Now, just as in the case of toxins there is an intermediate body, the amboceptor, by means of which their junction is effected with the bioplasmic molecule, so an amboceptor is required to enable the sugar side-chain to be linked on to the bioplasmic molecule also. Without susceptibility of being linked on, it simply filters through the kidney and runs out with the urine. This amboceptor the pancreatic juice supplies, and when it is absent diabetes occurs. The amboceptor is needed not only for the bioplasmic assimilative operation in the intestines, but may also be reckoned as needed for the transmutation of sugar into glycogen in the liver, since the sugar there has to become in the first instance assimilated into bioplasm before it is cast off again in the altered form of glycogen.

In the ordinary forms of diabetes the sugar arises from a defect in the assimilation of carbohydrates in the intestine, but there is a severer form in which the sugar arises not from this cause alone, but also from sugar becoming dissociated, by a wrong katabolic action, from molecules in which carbohydrate has previously been put into combination. Instead of katabolism proceeding normally to exhaustion of the latent energy of the food products which are being utilized, and going on to the end-products, carbonic acid, water and ammonia, an influence is present which leads to the sugar being broken off from the bioplasmic complex, and carrying with it unutilized energy.

In some way related to the throwing off of sugar by a wrong katabolism is the throwing off of β -oxybutyric acid, the parent of diacetic acid and acetone. These combine with sodic carbonate and sodic phosphate in the blood, and so diminish the amount of these substances available for carrying the carbonic acid from the tissues to the lungs. The result is retention of carbonic acid in the system and the production of coma. Apart from diabetes, acidosis can be evoked by other causes, such as delayed chloroform poisoning, starvation,

and even deprivation of carbohydrate food. Dr. Pavy's experience is that the way to get rid of the acetone bodies in the blood is to bring the sugar down, and that if this is not done they will go on increasing; that although a rigidly restricted diet may at first cause some increase of the acidosis, this latter will soon fall *pari passu* with the decrease in the sugar. There may, however, be extreme cases where the degree of acidosis is such that the slightest increase of it would be sufficient to cause fatal coma, and where carbohydrates should not be suddenly withdrawn.

Diabetes is due to mal-assimilation of carbohydrate food, and treatment should be directed to restoration of the defective assimilative power; restore this power and the patient will no longer be diabetic. This power will not be restored as long as sugar is circulating in the blood and producing its toxic effects. The first indication for treatment, therefore, is to reduce and remove the sugar. To do this the amount of carbohydrate given as food must be reduced to the quantity the patient is able to assimilate; all that he cannot assimilate will pass into the blood as sugar and thence into the urine. Various extents of tolerating capacity exist, and they exhibit a very sharp boundary line; the assimilative power is very *definitely* limited. By maintaining, by a carefully adjusted diet, a sugar-free state of the urine, the patient is not only kept in health, but his lost assimilative powers for carbohydrate are gradually to a great extent restored. The above remarks refer to the alimentary type of diabetes, which is the form commonly met with in patients above the middle period of life. In young subjects the cases at the beginning run on the same lines and are helped by strict diet, but they generally progress to the "composite" or bad type, in which diet fails to arrest the onward march of the disease. This "composite" type also occurs sometimes in patients of maturer years. It is important that the physician should pay great attention to the diabetic breadstuffs he orders, and ensure that they are as free from starch as they purport to be.

HOMŒOPATHY AT THE ACADEMIE DE MÉDECINE,
PARIS: TREATMENT OF EPITHELIAL NEPHRI-
TIS BY TINCTURE OF CANTHARIDES.

AT the meeting of the Académie de Médecine on February 16, M. Lanceraux referred to the success he had had in the treatment of many of his cases of epithelial nephritis with *tincture of cantharides*, especially those cases where there was more or less complete anuria. "*Whatsoever may be the explanation, the clinical facts are indisputable.*" In several of his cases the quantity of urine had fallen as low as 150 grammes, and all diuretics were useless. A mucilaginous julep containing a single drop of *tincture of cantharides* resulted on the following day in the voiding of 600 grammes of urine; at the same time the general condition improved; anorexia and vomiting ceased; calm and sleep returned, and the quantity of albumen diminished little by little. M. Lanceraux added that these patients were in an extremely grave condition, and he is convinced that the *cantharides* saved their lives. In infectious nephritis the dose given varied from one to ten drops, and in all these cases the quantity of urine on the following day was considerably increased. In one case where six drops were given the quantity rose from 500 grammes to 2,200 grammes; after eight drops 4,800 grammes, and after ten drops 5,200 grammes.—*Gazette des Hôpitaux*, February 18, 1909, p. 243.

J. G. B.

Clinical Cases.

CLINICAL NOTES.

By A. E. HAWKES, M.D.

Medical Officer, Hahnemann Hospital, Liverpool.

A PATIENT aged nearly sixty, who now appears to be in perfect health, was admitted into the Hahnemann Hospital some two years ago. Her skin was bronzed, and suspicion attached to her suprarenal bodies. On closer examination, whatever may have been the condition of these bodies, she was found to be the subject of diabetes. Her chief characteristic was extreme restlessness, and it was not possible to detain her, so she left the hospital.

On one occasion she paid a visit to my house, and it was with great difficulty that she was kept from surreptitiously leaving the room and the house, while I was talking to her and finishing some writing at the same time. Her condition grew worse, and fear of her doing herself some harm—which, however, she did not threaten to do—by getting into one of the docks, or getting lost, induced me to send her to an asylum. This was easily done, and careful dieting and the necessary restraint, which was bitterly resented at the time and for a long time afterwards, led to the satisfactory result recorded above. She was treated with *uranium* and other drugs, but the object of this brief note is to enable me to say that in this and similar cases asylum treatment has been successful, while in the one case I remember in which my plans were not carried out, unusual obstacles having been placed in the way, a lasting family unpleasantness eventuated.

One other diabetic case may be recorded. The patient was an elderly lady suffering much from thirst, occasional attacks of dyspepsia, and very marked weakness of the lower extremities. She had bilateral sciatica, which Dr. Robert Saundby, in the "Cambridge System of Medicine," says is especially suggestive of diabetes. The agonizing pains referred to in Dr. Saundby's paper were much relieved by *arsenicum*, but the difficulty of walking, the great tendency to fall, the absence of knee-jerks, and the fact that the last record I have shows that some 300 grains of sugar are being passed per diem, indicate the profound symptoms the presence of that substance may be associated with.

The above symptoms came on very soon after the glycosuria was discovered, and while the more excruciating pains have been relieved by the *arsenicum* in varying dilutions, the neuritis and its attendant symptoms remain much as they were in spite of treatment.

Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in
 • Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the Review every month for this purpose.

Reports should be sent on as early in the month as possible.

DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL, PLYMOUTH.

REPORTED BY DR. NEWBERY.

WHEN some little time since Dr. Searson wrote me referring to the case of angio-neurotic œdema reported by me in the BRITISH HOMŒOPATHIC REVIEW of 1907, and asking if there were any further developments, I was surprised to find that I had sent no further notes on the case since August 13 of that year. Patient was then taking *nux* ix, *mii. t.d.a.c.*

Though sometimes missing two or three weeks the patient has been ever since, and still is, in regular attendance.

My next note is on August 20, 1907.—Very slight swelling on lower lid of left eye—a most unusual place—over in about three hours. Has been smoking very little and believes he would be better without it altogether.

August 27.—Awoke this morning with swelling about size of finger over right eye, all gone by about 8 o'clock. Suffering more from indigestion, with pain more to right side and higher in chest than usual.

September 17.—Has had swelling twice, once on left cheek and once on right. Has not slept so well last week.

September 24.—On 19th swelling on both sides of nose and upper lip; on 23rd, on chin and left cheek; to-day a little on left wrist. Swelling "does not appear to be so violent as it was." Digestion fair on the whole.

October 1.—On 27th had a little swelling of penis and scrotum lasting about five hours. First occasion for a long time that patient has had any swelling in these parts. "Stomach" certainly better, goes hours without any pain at all, an experience he has not had for years. Sleeping better.

October 8.—Some slight patches on arms and wrists yesterday; did not interfere with work. No severe epigastric pain, and has slept much better.

October 15.—Two attacks of swelling, one on the 11th on right cheek, and another in the same place yesterday. Has had annoyance in the house. "Stomach" comfortable. Has been taking *nux. ix*, *mii. t.d.a.c.*, steadily since August. *Sulphur 30*, *phil. iii. t.i.d.*

October 22.—"Capital week." Has slept splendidly and is quite cheerful. *Nux ix*, *mii. t.d.a.c.*

November 5.—On 2nd about 9 p.m., a very unusual time (as the swelling nearly always begins in the morning) swelling on left side of face came up pretty freely for about two hours and then went back. 6.30 p.m. : Has a little swelling on right side of face which began about 3 a.m. Digestion has been "pretty comfortable." Patient has been working under the boilers of a ship which he has not been accustomed to, as he has not been out of shop for five years.

November 19.—Best week for years.

November 26.—Had some swelling on 24th, which came up quickly on left cheek and chin, increasing until about 8 a.m., when it commenced to go down as suddenly, and by noon was all gone. This was one of the shortest attacks he ever had and he put it down to worry on the night before.

December 10.—"Stomach has been awful queer to-day since about 10 a.m." Slight swelling on 2nd just over right eye, and on 8th at left corner of mouth. *Arg. nitr. 3 x*, *mii. t.d. 1 h., a.c.*

December 31.—"One queer day, 29th," which he put down to pickles.

I hope to bring report down to date next month. On the whole, patient considers himself in vastly better condition—"not the same man"—than he was when he first came under treatment.



Hospital and Provincial News.

* * * The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

LIVERPOOL HAHNEMANN HOSPITAL.

THERE was a good attendance at the Annual Meeting of the Liverpool Hahnemann Hospital and Homœopathic Dispensaries, held on February 24, at the Town Hall, the Lord Mayor (Mr. H. Chaloner Dowdall) presiding.

The Secretary (Mr. Thomas Cooper) read the report, which stated that the smoothness of working and harmony which existed bore testimony to the excellence of the management, and to the unfailing energy and tact of those responsible for the practical working of those important institutions. The number of in-patients treated during the year was 458, and taking into account the duration of each case, this represented thirty-four patients in continuous residence during the year. The Committee expressed gratification at the excellent results of the treatment by their doctors of acute bronchial and lung diseases. With regard to the dispensaries, there had been 45,387 attendances at the Hope Street Dispensary, or on patients at their own homes. At Roscommon Street Dispensary 29,092 attendances were recorded, and a member of the nursing staff had been in daily attendance there. One hundred and thirty-six children received the benefits of residence in the Eaton House Convalescent Home. As regards

the finances, the result of the year's working showed a debit balance of £341 3s. 8d., as against £56 the previous year, and the total deficiency during the last ten years amounted to £2,863 17s. 1d. The Committee acknowledged the gift of an annuity of £40 per annum for twenty years from Sir W. P. Hartley, the receipt of a legacy of £3,000 from the late Mrs. Rylands, of Manchester, whilst the Hospital had also benefited under the will of the late Mr. Arthur M'Neill, who left the residue of his estate to be divided equally between the Royal Infirmary, the Infirmary for Children, and the Hahnemann Hospital. So far the treasurer had received £1,350, but it was expected that the M'Neill legacy would finally yield a larger amount. The contributions from the Hospital Sunday and Saturday Funds and the Liverpool Cyclists' and Harriers' Parade were gratefully acknowledged.

CROYDON HOMŒOPATHIC DISPENSARY.

THE Annual Meeting of the Croydon Homœopathic Dispensary was held at the Art Gallery, Park Lane. Alderman H. Keatley Moore, who was to have presided, was, to the general regret, unable to attend, and the chair was occupied by the Rev. J. Alden Davies.

The medical report, prepared by Dr. T. E. Purdom and Dr. H. V. Munster, contained the following passages :—

"Dispensary : During 1908 there have been 5,330 attendances by patients at the dispensary; 849 tickets providing a month's treatment at the dispensary have been purchased by patients; and 499 have been supplied by subscribers. In addition, 394 tickets providing a week's treatment at the dispensary have been sold to patients. Home Visiting Branch : 163 home visiting tickets have been used during the year 1908. Visits at the patients' homes upon these tickets amount to 716. The table shows that as regards the attendance of patients at the dispensary we have had a record year ; the large number, 5,330, in 1908, being 169 above that of any of the previous six years, and, indeed, rising well above all previous years.

The dental report of Mr. C. J. Hinchliff was as follows : "The total number of dental tickets issued in 1908 was 391, of which 250 were 6d. tickets, and of these 223 were purchased by patients and 27 were supplied by subscribers. The remaining 141 were issued at 2s. 6d. (for administration of gas). Artificial teeth were supplied as follows : 24 new dentures were fitted, and 11 dentures repaired or added to, at the same dispensary charges as hitherto."

Dr. Roberson Day, as delegate from the British Homœopathic Association, then delivered his lecture on "Homœopathy among the Children." He first touched on the influence of city life on the race, and on the importance of surrounding the child with the best environment. He then gave a list of "Good Foundations" of a healthy maturity, after which he drew attention to the "Bad Foundations," and pointed out the results to which they led. Coming to the subject of alcohol, he said it was well that they should see what medical men were beginning to think of it. In 1862 alcohol cost the seven large London hospitals over £8,000, and milk cost £3,000. The cost of milk went up to £4,000 in ten years, while alcohol was still high in favour. In 1892 alcohol cost a little over £3,000, and ten years later less than that ; while milk had gone up, costing over £8,000. That represented the view of the great majority of medical men. Dr. Day also quoted a great French advocate, Maitre Robert, who spoke emphatically of the great amount of crime which was caused by drink. The ignorance about alcohol, he said, created a great population of disease, which might be prevented if the schools took the matter up in a proper way. Dr. Day devoted some observations to pointing out the difference between homœopathy and allopathy, and said that homœopaths used the same medicines as the allopaths, and others that the allopaths did not use, but used them in a different way and according to a definite law, instead of empirically. Homœopathy was safe, speedy, successful and pleasant ; while allopathy was unsafe, tedious, often unsuccessful and unpleasant. Among statistics he gave to illustrate the results, he quoted a group of figures showing the results of treatment of broncho-pneumonia in the London Homœopathic Hospital, where 223 cases were treated in five years, the mortality being 10·7

per cent. In one of the largest Metropolitan hospitals for children, 146 cases were treated, and the mortality was 27·3 per cent., while in another hospital 253 cases were treated and the mortality was 27·2 per cent.

The lecture was illustrated with lantern slides, statistical tables, charts, and photographs of child patients being shown on the screen and explained by the lecturer.

NORWICH HOMŒOPATHIC DISPENSARY.

THE Report of the Committee of the Norwich Homœopathic Dispensary for the first year in the new premises is most encouraging. The change has been of very great advantage for all concerned. Comfort, cleanliness, convenience, and privacy have all been secured, and the patients have not been slow to express their appreciation of the new order of things. The large number of patients seeking help has increased, and again the closing month of the year has seen a serious difficulty in securing tickets for patients needing them. The help of such spare tickets as had been placed at the disposal of the medical officers was then greatly appreciated. The number of consultations during the twelve months at the dispensary was 2,036, and the number of visits paid to patients at their own homes was 990.

DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL, PLYMOUTH.

THE Jubilee Annual Meeting of supporters and friends of the Hospital was held at the Athenæum on February 17, under the presidency of Mr. A. Edmond Spender, the Mayor.

The Committee's report, submitted by Mr. Geach, the Hon. Secretary, assured subscribers that a review of the work accomplished during the past year would afford them the fullest

satisfaction. It was no empty boast to say that the Homœopathic Hospital met a great public need and had a large claim on the public purse. Alluding to the extension scheme the report stated : "We are at last within measurable distance of seeing this realized. The work will be commenced almost immediately and every possible effort will be made to open the new premises during the present—the jubilee—year of the Hospital. In carrying out this scheme, sympathy, interest, and practical support were earnestly asked for. Pound day, and the street and envelope collections had produced average results. The Working Men's Committee was an important factor in the affairs of the Hospital, and through its co-operation over £100 had been handed to the Treasurer. The pressing need of the Committee was a larger annual income.

The Hon. Treasurer, Mr. Lewis, presented the balance sheet, which showed an overdraft at the bank of £92 7s. 5d. on general account, while on the extension fund account there was a favourable balance of £38 15s. 1d. after paying for the freehold of the new premises.

The medical report, read by Dr. Newbery, was as usual record-breaking, showing the steady increase in the work of the Hospital. Amongst the figures quoted were : Patients admitted to the wards, 209 ; operations under anæsthetics, 230 ; surgical dressings in the out-patients' department, 9,214 ; casualties attended to, 1,246.

The Mayor, in moving the adoption of the reports, said the importance of the Hospital should not be underrated. It had earned the appreciation of the working classes. Having visited the Hospital on more than one occasion he recalled with the greatest pleasure the cleanliness, homeliness, and comfort that prevailed in the institution.

The following resolution was moved by the Rev. W. K. Burford and carried unanimously : "This meeting having heard with satisfaction the completion of the plans for the adaptation of the adjoining premises, No. 16, Lockyer Street, for the extension and better working of the Hospital, congratulates the Committee and subscribers on the prospect of being in possession of more adequate premises in the near future, and trusts that the opening may take place during the present year—the jubilee year of the institution.

The meeting closed with the usual votes of thanks, after which several of the friends adjourned to the Hospital, where tea was provided by the Board of Management.

THE LEEDS HOMŒOPATHIC DISPENSARY.

THE past year was marked by great progress, and the removal to the present commodious premises has been justified in every way.

On February 21 last, Mrs. Lowther, of Swillington House, declared the New Dispensary open for patients, in the presence of a large assembly, and the entire function was a great success.

The whole of the special outlay caused by the removal has been met without having recourse to the capital funds of the Institution. Altogether the accounts show that the sum of £343 7s. 6d. was expended in 1908, but the value of the many handsome gifts of furnishings that were received adds largely to that amount.

The ordinary expenditure, however, was only met by using the income from invested funds, an application that was not anticipated when these funds were raised. The year's work was a record, the attendances of patients having been 6,031, a thousand more than the preceding year. The demands on the Medical Staff have consequently been very heavy. The retirement of Dr. Ramsbotham and the ill-health that led to it are deeply regretted. To him and all the members of the Medical Staff the Committee tender their warmest thanks. The Committee feel assured that the results of the past year's work will be regarded with satisfaction by all who desire the advancement of homœopathy. There is every sign of increased usefulness of the Institution, and the Committee appeal with confidence for the greater financial support that is required for such growth.

Correspondence.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

DEAR SIRs, — As you refer in the March issue of your Review to my evidence in the *muscarine* case, I hope you will spare me a little space for the following observations. As soon as I heard of the matter, I urged that an expert connected with the Pharmaceutical Society should make an analysis; that counsel should be employed, even at some cost; that our local experts in all relating to fungi, Drs. Ellis and Green, should be secured to give evidence; and that the Association should be communicated with in view of the importance of the case. I heard no more till the morning of the inquest, when I was told that no medical witnesses would be required. I, however, went, and found two or three eminent men in court representing the family of the deceased.

I volunteered to give evidence, and on reading extracts from the article "*Agaricus*" in the "*Cyclopædia of Drug Pathogenesis*" I was told that, as the book was not a recognized one, my evidence was valueless. I, however, read some of Ringer's remarks from the same book, and these were accepted.

I have not met a single medical man since, either of high or other standing in the profession, who believes that *agaricus* caused deceased's death.

Meanwhile another firm have experienced a greatly increased demand for the remedy. I still think that, although my friend is a chemist and not a doctor, steps should have been taken to adequately render him any necessary help.

Yours, &c.,

Liverpool.

A. E. HAWKES.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

DEAR SIRs, — In your paragraph on the Western Counties Therapeutic Society's meeting at Bath, you state that "*Stanley Wilde, of Weston-super-Mare,*" was elected a member.

As I am the owner of the above name, you evidently refer to my brother, *Rowland Wilde, of Weston-super-Mare.*

Yours very faithfully,

STANLEY WILDE

(Of Cheltenham).

April 3, 1909.

Obituary.

SAMUEL HENRY RAMSBOTHAM, M.D. EDIN.,
M.R.C.S. ENG.

AFTER an illness which had for about a year prevented him from following his practice, Dr. Samuel Henry Ramsbotham died from heart failure at his residence, Fairstead, Harrogate, at the age of 70. Though for the last seven or eight years he had resided and practised at Harrogate, Dr. Ramsbotham was practically all his life associated, professionally and socially, with Leeds. One of the leading homœopathic physicians in Yorkshire, he was the son of a medical man, the late Dr. John Hodgson Ramsbotham, of Leeds and Huddersfield. He was born at Calverley, of which parish his maternal grandfather, the Rev. Samuel Redhead, was Vicar from 1821 to 1845.

Educated at St. Peter's School, York, and Edinburgh University, where he took his M.D. degree in 1861, Dr. Ramsbotham (who was also a member of the Royal College of Surgeons, England) in that year joined his father in his practice at Leeds, and from that time until his removal to Harrogate in 1891 he maintained an unbroken connection with the city. He was the founder of the Leeds Homœopathic Dispensary, and his last visit to the city was on the occasion of the opening, about a year ago, of the new institution in Woodhouse Square, which superseded the old dispensary in Great George Street.

Dr. Ramsbotham had many interests in Leeds apart from his profession. Music was his chief hobby. Not only was he an accomplished player, but he had an intimate acquaintance with the theory and the history of music. This was demonstrated many years ago, when he devoted some of his spare time to musical criticism, his notices always being marked by keen artistic appreciation and sound judgment, expressed in graceful phraseology. For some years he was precentor at St. George's Church, Leeds—of which he was a trustee—and occasionally officiated as organist. His interest in the Leeds Philharmonic Society extended over a long period;

for a considerable time he was a member of the Committee, and he ultimately became one of the Vice-Presidents, a position he held up to last year. In the earlier days of the Leeds Subscription Concerts he acted as Secretary. He was also Secretary, and afterwards President for twenty years, of the Leeds Musical Soirees, organized by a private society which, by reason of its efforts in musical art, became very well known. Occasionally, Dr. Ramsbotham appeared in the rôle of lecturer, mostly on musical subjects, but his artistic sympathies were not confined to music, and he took a genuine interest in art generally. With a wide culture and an extensive general knowledge he combined a geniality of disposition and a modesty of manner that secured for him many staunch friends, by whom his death will be sincerely deplored. He was a devoted Churchman, and was for some years lay Secretary of the Leeds Branch of the Church Missionary Society; on retiring from this position the Society made him an honorary Life Governor. He was also a trustee of St. Paul's, York.

He is survived by his widow (a daughter of Mr. Alexander Montgomerie Bell, Writer to the Signet and Professor of Conveyancing in Edinburgh University), and also by two sons and four daughters.

DR. H. C. ALLEN.

WE have received the following from a friend and former patient, giving us the exact details of Dr. Allen's death. Dr. Boffin personally knew Dr. Allen, and, in common with everyone who had the honour of his acquaintance, held him in high estimation, both as a friend and teacher.

"DEAR DR. MCLACHLAN, — Professor H. C. Allen died very suddenly on January 22. Throughout the day he apparently had enjoyed his usual good health. He was at his office in the City from 1 p.m. to 3 p.m., seeing and prescribing for a number of patients. At 4 o'clock in the afternoon he lectured at the College, after which he called at the Hospital to see a patient who the day before had undergone an operation—a laparo-hysterotomy. Returning to the City he called at Messrs. Boericke and Tafel's pharmacy and had a word or

two with Dr. French. Up to this time he had not complained of feeling unwell in any way. At 5.30 p.m. he took the suburban train to Hyde Park, reaching home half an hour later. He had had a very busy and trying day, and owing to stress of work had been obliged to forego his luncheon; evening found him exhausted and worn out. When he arrived home a patient was waiting for him. He examined the case with his usual care, and prescribed. He then lay down upon the couch, and, calling his family around him, told them of a severe pain he was experiencing in his heart. He asked for *cactus*; this was given him, and he soon felt somewhat relieved. The improvement, however, was but temporary. Professional aid was immediately summoned, but in spite of all that could be done the Doctor very quickly became unconscious, and passed away at 6.45 p.m.

"Dr. Henry Clay Allen was born at Brantford, Ontario, on October 2, 1836. He was the descendant of a distinguished New England family, numbering among its members Ethan Allen and his brother, General Allen, both of Revolutionary fame. During the war of 1861-1865 he served on General Grant's staff, and at the front or in the hospitals as surgeon in the Army of the North. He was educated at London, Ontario, and studied medicine at the Ontario College of Physicians and Surgeons. Later he entered the Cleveland Homœopathic Medical College, graduating from there in 1861. He also visited, and studied for some time under Dr. Adolph Lippe, in Philadelphia. At his *Alma Mater* in Cleveland he served as Professor of Anatomy, and later filled this chair in the Hahnemann College of Chicago. From 1880 to 1886 he held the chair of Clinical Medicine and Materia Medica in the homœopathic department of the University of the State of Michigan. In 1892 he was actively engaged in founding Hering Medical College and Hospital. In this institution he occupied the chair of Homœopathic Philosophy and that of Materia Medica, and subsequently became Dean. This honoured position he held for sixteen years. Dr. Allen founded and owned the *Medical Advance*, a periodical that had a very large circulation, and which, under the auspices of its able editor, most faithfully served the cause of homœopathy, disseminating the truth at home and abroad.

"Dr. Allen was the author of many valuable medical works. His 'Intermittent Fever,' 'Therapeutics of Fevers,' 'Therapeutics of Consumption,' 'Key-notes of Leading Remedies,' are indispensable. Just before his death he finished his revision of 'Boëninghausen's Repertory,' and arranged it for practical work. He also corrected the final proofs of his work on the 'Symptomatology of the Nosodes.' He was a member of the American Institute of Homœopathy, the International Hahnemann Association, the Homœopathic Medical Society of the State of Illinois, the Chicago Regular Homœopathic Society, and Honorary Member of the New York, Pennsylvania, Ohio, and Michigan State Homœopathic Societies.

"Chicago.

"JAMES ARNOLD BOFFIN, M.D."

Therapeutic Digest.

CASE OF SPASMODIC CONSTRICTION OF THE SPHINCTER ANI.—Dr. Léon Vannier relates the following case: "M. B. M., aged 53, consulted me on the 14th of last October for a spasmodic stricture of the anal sphincter, which dates back twenty years, to 1888, when whilst at Stuttgart he had a violent diarrhoea, following which his sufferings commenced and became worse every year.

"The patient feels his anus very frequently contracted. This spasmodic contraction is almost continuous, is worse at night, or lying down, especially on the left side. Obstinate constipation, necessitating much effort; defæcation is not painful nor does he pass blood; the stools are normal, rarely hard. The constriction increases an hour after stool, always diminishes during food, and does not recommence till two hours afterwards. In a general way, too, the patient is always better after eating. This sensation of closing of the anus is always associated with a sensation of constriction of the

throat. When the anal sphincter is spasmodically closed the throat is too. But the whole always disappears during a meal and the hour following. The patient complains as well of enormous swelling of the abdomen after food, with numerous eructations; insomnia; the spasmodic constriction of the anus allows him no rest, he goes to bed early but remains awake from 11 in the evening till 3 in the morning, and is often obliged to get up. He is also very nervous, agitated, is always moving about, cannot remain in one place, and presents true choreiform movements.

"On examination one notices the following physical signs: No fissures or piles, the anus is large, readily allows the finger to enter, but one feels intermittently the spasmodic contractions of the two sphincters, especially of the internal one. The prostate is not enlarged, but soft, easily moved, warm, without pulsation; the seminal vesicles are normal. The epididymis and the testicle on the left side are large, and there is a hydrocele of the same side. Examination of the other systems gives the following results: Slight hypertrophy of the heart, with accentuation of the first sound at the apex. Liver, 11½ cm.; stomach slightly dilated; urine, quantity in twenty-four hours, 1·050 litre; sp. gr., 1025; urea 24·60 gr.; uric acid 0·27 gr.; chlorides 11·40 gr.; phosphates 0·72; indican in small quantity. Treatment: *Sulphur* 200, two granules in the morning, a single dose, stop two days. *Anacardium* 100, two granules morning and evening for four days, omit six days, then recommence *anacardium* for four days. Result: No improvement during or after the *sulphur*. Amelioration of all the symptoms, constriction of the throat, constriction of the anus, constipation, two days after having begun *anacardium*. The patient announced himself as cured on October 30. I wrote to him immediately to stop the *anacardium* and to take that remedy in the 200th potency on Sundays only. M. B. M. replies to me to-day (November 11) that 'the relief continues in every particular. No medicine has ever relieved me like *anacardium*.'"—*Revue Homœopathique Française*, December, 1908.

LARYNGEAL WARTS CURED BY THUJA.—Dr. A. Noack, of Lyons, relates the following case in *Le Propagateur de l'homœopathie*, of December. Madam M., aged 33, came to

consult me on March 4, 1907, for an affection with which she had been afflicted for six months. Of a robust constitution, she had had six years ago a right pleurisy with effusion which was slight and became reabsorbed. From that time frequent attacks of hoarseness had occurred and for the last six months has progressively lost her voice. In January, 1907, she consulted a specialist who said her aphonia was due to the presence of warts which had invaded her larynx and a first operation, consisting of the ablation of the little tumours by means of a laryngeal curette forceps, was performed. This first operation having given no good result, was followed by four similar ones in the space of two months, and then tired of suffering without obtaining the least relief the patient decided to try homœopathic treatment. Madam M. was completely aphonic, and as she was at the head of a business, she thought of giving it up. On laryngoscopic examination one noticed the larynx to be very hyperæmic, the vocal cords very red and hypertrophied and almost entirely covered by small warts which had especially invaded the region of the arytenoids, almost entirely preventing the movement of those cartilages, and the least utterance of sound was impossible. By auscultation one perceived a slight diminution of respiration at the right apex, and some pleural friction at the base. There was but little cough. On account of the failure of the five successive operations, at the request of Madam M. I advised internal treatment, and on account of the phthisical symptoms and the hyperæmia of the larynx, I prescribed *spongia* i., 12 globules daily, in three spoonful of water at three different times before meals. On April 15, Madam M. presented herself at my consultation clinic; the aphonia persisted, but her larynx was less congested and her general state better. No difference in the number and size of the warts. I prescribed *thuja* i., 12 globules daily, in three doses. On May 27 I saw the patient again, and noticed that her voice had returned in a slight degree. Laryngoscopic examination revealed marked improvement. The left vocal cord was visible in its whole length, and the warts in the left arytenoid region had diminished in size. The right vocal cord was but little better. I again prescribed *thuja* i. after an interval of a week.

For eighteen months I had no more news of Madam M. She returned to consult me on December 7, 1908, on account of her daughter, and I was surprised at the normal timbre of her voice. She told me that it had quite returned from the beginning of August, 1908, that is to say, two months after her last visit, and she had not had the least hoarseness since that period. I examined her larynx and found it normal. *Thuja* taken during three months had brought about the cure. —*L'Art Médical*, February, 1909.

Reviews of Books.

Repertory of the Homœopathic Materia Medica. By J. T. Kent, A.M., M.D., Professor of Materia Medica, Hahnemann Medical College and Hospital, Chicago. Second revised edition. Lancaster, Pa. : Examiner Printing House, 1908. Issued by Boerickel and Tafel, Philadelphia, New York, &c. Price 16.50 dollars.

We are very glad to find that Kent's Repertory has gained a sufficiently wide circulation to necessitate the issue of a second edition. It is a monumental work, and is the largest and most complete Repertory we possess. No homœopath who is in the habit of strictly individualizing his cases can afford to be without it, for though in a busy practice it is not possible to do more than trust to one's memory and general knowledge of the *Materia Medica* in the majority of cases, yet unusual and baffling conditions are constantly met with to treat which no one's general knowledge is sufficient, and for which the employment of a repertory is absolutely essential. And if a repertory is used the one that has the most symptoms, is the most clearly arranged, and is the most up-to-date, is, of course, to be preferred. That repertory, we have no hesitation in saying, is Kent's, and though we have some criticisms to make on the present edition, it must not be implied that we have not the greatest admiration for this world-famous mine of symptoms.

Dr. Kent says in his preface, which is practically the same in the second as in the first edition, that the Repertory "has been built from all sources, and is a compilation of all the useful symptoms recorded in the fundamental works of our *Materia Medica*, as well as from the notes of our ablest practitioners. Many unverified symptoms have been omitted, but only when there was a decided doubt about their consistency, and on the other hand, clinical matter has been given a place where it was observed to be consistent with the nature of the remedy." The rubrics are plainly printed in large black letters so as to easily catch the eye, and the matter is arranged clearly on the page in two columns with plenty of margin. Three varieties of type are used for the remedies in order to indicate their relative importance—heavy black type for the most important, italics for those of secondary value, and the rest in ordinary clear brevier. The plan of the work is to proceed in all cases from generals to particulars, but we cannot say that this has always been perfectly carried out, for we frequently find a drug under a particular, and then on looking for it under the general heading it is not there. For instance, take the symptom "stitching pain in head on washing the face, *Cop.*" The most general here would be pain in the head, then stitching pain in the head, and lastly, the particulars on washing the face. But in the Repertory, under "pain in head" *Cop.* does not occur; neither under "pain in the head, stitching." It is not till we come to the particular, under pain stitching, "on washing the face," that we find the drug *Cop.* mentioned. To show how he proceeds from general to particulars Dr. Kent selects a rather unfortunate illustration. He says, "Take, for example, the particular symptom, 'blueness of fingers during chill.' If this symptom alone were consulted in a special work, we would be limited to *natr. m.*, *nux v.*, and *petr.* But if the general rubric, blueness of fingers, regardless of the name of the disease, be consulted, it will be seen that twelve remedies are to be noted. Even this is a narrow way of looking at the symptom; to be certain of finding the remedy we may have to consult the rubric "blueness of the hands," giving about forty remedies, among which the one sought may be found, whereas it was probably not included in the groups of twelve and three."

Wishing to see how this was worked out in the Repertory we turned to "extremities, discoloration, blueness," as being the most general, and found twelve remedies mentioned; not as Dr. Kent says for the less general "blueness of the fingers," but of the extremities. Under "discoloration, hands, blueness," there are forty-three remedies, and under "discoloration, fingers, blueness," there are fifty-nine, more for the fingers than for the hands which should include them. Under "discoloration, fingers, blueness, during chill," there are twenty-four remedies instead of the three mentioned in the illustration used in the preface. One medicine, viz., *kali-ar.*, which occurs under the particular "during a chill," does not occur under blueness of the fingers. In this case one would be much more certain of finding one's remedy by going at once to the particular "blueness of fingers, during chill," where we have twenty-four remedies to choose from instead of being limited to the three mentioned in the preface.

On comparing the second edition with the first we find that a thorough revision has been made, new remedies are introduced, some appearing in the first edition are omitted, fresh rubrics are added, and many fresh symptoms amongst the particulars; paragraphs have been rearranged, repetition avoided, corrections made where there were mistakes in the alphabetical order, the errata of the first edition under sections mind and head have been corrected, more remedies given under the different symptom headings, and more of these remedies black-lettered. In short, the revision has not been a perfunctory one, but genuine and extensive. The new edition contains 1380 pages against the 1349 of the first edition, notwithstanding the omission of many repetitions.

Going into greater detail we find that according to the list of medicines in the Index fifty-seven fresh remedies find a place in the Repertory which were not present in the first edition, but on the other hand, thirty-two remedies which were then inserted are now omitted. Some of these omitted ones are the acetates of the metals which it is no doubt rightly thought need no separate reference, but we are rather surprised at seeing such medicines as *phaseolus*, *pyrethrum* and *zinc. phos.* left out. The index is, however, not quite correct. We have noticed two remedies—viz., *paullinia* and *santoninum*

in the text though they are absent from the Index, and it may be the same with others which have escaped our notice. Of the fifty-seven new remedies in the Index all but two are found in Clarke's dictionary, and we think this work must have been of material assistance in providing some of the new matter. But how far use has been made of Dr. Clarke's material we are not quite sure, for on taking at random four of the new remedies mentioned in the Index, viz., *lemna minor*, *homarus*, *heloderma* and *spiranthes*, and trying to find the principal symptom and modalities of those medicines, in their place in the Index, we find no mention of them at all; for instance, *lemna minor* does not appear amongst the list of remedies for catarrh, nor in the list of aggravations from wet, and in the list of medicines for general coldness, *heloderma* finds no place. The increase in the particular symptoms in the new edition is largely in particulars of time, of mental states, and of positions, but there are also many others. Unfortunately, not only are many fresh symptoms added but also many which appeared in the first edition are now omitted. In some cases this may be because on revision they have been thought not to be of sufficient importance, or from further experience having proved their worthlessness. But this cannot be so in many cases, especially with those that had remedies attached to them which were thought to be of sufficient importance to be printed in heavy type or italics. In the short section vertigo we find the following rubrics omitted: Vertigo "with pain in eyes," "with pain in nape of neck," "with pale face," "with palpitation," "with paralysis," "with salivation," "with shuddering," "with difficult speech," "with pain in the temples." Of these the third, fourth and fifth appear in the first edition with several italicized medicines under them, and the seventh—"vertigo with shuddering" appears with CHEL. in heavy type. The omission of these we cannot think intentional; it must be accidental. They are important and useful symptoms for which a drug might be required at any time. These nine omissions in the vertigo section are only a sample of what occurs in a great many if not all the sections. We have carefully gone through many of the sections—the head, face, teeth, throat, and stomach sections for instance, and in all have found

an extraordinary number of symptoms which found a place in the first have been omitted in the revised edition. In the long stomach section we notice the insertion of 232 new symptoms and the omission of no fewer than 150 of the old ones. Many of these are important symptoms with heavy typed and italicized medicines under them, such as "thirst after nausea," "thirst while vomiting," "vomiting of bile with vertigo," "pain in stomach after a false step," "pain, with loud, uncontrollable eructations," &c..

As we have already said, we think these omissions are accidental and have arisen from insufficient care when correcting the proofs. The alterations and insertions seem to have been sent with a copy of the first edition to the printer, who in re-setting the work has carelessly omitted some of the material. The proof reader seems to have taken for granted that the printer had carried out his instructions, has neglected to make sure that he has done so by comparing his proofs line by line with the first edition, and has contented himself with merely correcting typographical errors, a duty which their very small number shows to have been well done. The consequence is that the revised edition is a much less valuable work than it would otherwise have been. It is still an improvement, but it might easily have been so very much better. We feel that for the want of a little care a great opportunity for making this standard Repertory as complete as our present knowledge permits has been thrown away.

In a future edition we should like to see the generalities section improved. The particulars of mental exertion and emotion, anger, vexation and others which have been added in this edition in all the other sections do not appear in the generalities section; we find "aggravation" from lying on the right and left sides, but not "amelioration" from those positions; there are no rubrics for "stooping," nor for "bending backwards" or "forwards," which we think are sufficiently general to warrant a place in this section. However, these are trivialities compared with the wholesale omissions which we have noticed above. But with all its faults this revision of Kent's Repertory remains our best mine from which to dig out the drug for a difficult case. The Homœopathic School may well be proud of it; there is no other

book in the world containing such a list of symptoms fitted with their corresponding drugs. It should be our endeavour to use it more frequently for the increase of our own knowledge and the benefit of our patients.

The Pocket Manual of Homœopathic Materia Medica, comprising the Characteristic and Guiding Symptoms of all Remedies.
By William Boericke, M.D., Professor of Materia Medica at the Hahnemann Hospital College of San Francisco, with a Repertory by Oscar E. Boericke, A.B., M.D., Lecturer on Materia Medica at the Hahnemann Medical College of Philadelphia. Fourth Edition. New York: Boericke and Runyon.

We have received a copy of the fourth edition of this useful book from the publishers. The little volume is so well known and largely used by homœopathic practitioners in this country, as well as in America, that comment and praise for its excellence are almost superfluous. Apart from being the best and most reliable work of its kind, it is almost the only one that can strictly be described as a "pocket" manual. The amount of matter collected into its small compass—6 in. by 3½ in. by ½ in.—is really enormous. This edition contains 981 pp., a reduction by re-arrangement and the use of smaller type of some 70 pages on the third edition; but its bulk and weight have been reduced in far greater proportion by the employment of the finest quality of India paper, especially imported from this country. Hence it is so small as to slip easily into the pocket, being about the size of a small Oxford Bible, and printed on similar paper. In this minute compass is contained a digest of the leading symptoms of 1,055 remedies, comprised in 678 pages, followed by a repertory of 288 pages. It is not pretended that sufficient information is given here to instruct the novice. For the proper use of such aids a good knowledge of the homœopathic *materia medica* is essential. But to such men the book is invaluable, for in a few moments a symptom can be hunted up and the remedies proper to it be found, the selection being left to the observer's previous acquaintance with the properties of the drugs given, refreshed, if need be, by a reference to the same in the *materia*

medica section. By this the remedy suitable for all ordinary symptoms can be speedily decided on, the use of the standard works of reference being only needful for very rare and obscure symptoms. Every good homœopath who desires to perfect his prescribing, and can only snatch odd moments for study, should carry this little manual in his pocket. He will soon find it increase his success in treatment.

Essentials of Homœopathic Materia Medica and Homœopathic Pharmacy, being a Quiz Compend upon the Principles of Homœopathy, Homœopathic Pharmacy and Homœopathic Materia Medica, arranged and compiled for the use of Students of Medicine by W. A. Dewey, M.D. Fourth Revised Edition. 372 pages. Cloth, 1.75 dols., net. Philadelphia : Boericke and Tafel, 1908.

In every science the foundation facts have to be committed to memory by the student, if he is to succeed in its study. This is markedly true of homœopathy. The number of the facts of our *materia medica* that remain imprinted in our brain-cells has much to do with success in the use of remedies. The older homœopaths used to spend an amount of time in studying and memorizing their drug schema that would astonish the modern student. These studies are now made easy by such works as Dr. Dewey's "Quiz Compound," which gives an outline of the leading symptoms of each remedy in the form of question and answer. The method is dear to the college student, and is doubtless of great value when supplemented by proper study of the text-books. Indeed, we might all of us be the better for going through the questions and answers here given; such exercises need not be despised by even experienced practitioners. It is practice that makes memory—as everything else—more perfect. Who of us does not experience the annoyance of being unable to recall some drug or symptom which we formerly had at our finger-tips, but recently having failed to need it, the recollection now refuses to come? That Dr. Dewey's book is a successful and useful one is shown by its having reached a fourth edition, and having been translated into German, French and Portuguese. It is essentially a student's manual, and we recommend

every student of homœopathy to buy a copy, and *learn it by heart*, as he reads up each drug in the *materia medica* textbook. This will greatly aid him in storing his memory with those facts upon the knowledge of which his future success in relieving pain and sickness must largely depend.

OVALTINE.

THIS is a complete concentrated food, in the form of a brown granular powder. It is composed of malt extract, fresh Swiss cow's milk, fresh eggs, and converted cocoa, and contains the valuable compound containing organic phosphorus, called lecithin. As regards this last-named constituent, most medical men are coming more and more to believe that "organic" phosphorus is the only form that is of any value to the organism. From the above composition we see that "Ovaltine" is a preparation rich in fat-forming, muscle-forming, and bone-forming elements. Further, it is not a mere stimulant whose use is followed by a corresponding and equal depression, but a real food and strength-giver.

In a preparation of this class, however, the mere *proportions* of the various constituents is not the main point. Chief regard must be had to the particular form in which such constituents exist. The makers have striven to approximate this concentrated preparation to the pattern of a complete food, such as we find in milk or eggs. In their endeavour they have been wonderfully successful, and the finished product they have named "Ovaltine." It is a complete food, containing every ingredient required in the diet by the human organism.

The cocoa present has been completely converted into a semi-digested form, for much of the ordinary cocoa is only half assimilated by the human stomach. The whole of the cocoa present in "Ovaltine," however, is readily assimilated, thanks to the special method by which it is prepared.

The Swiss milk contained in "Ovaltine" is not sterilized, but is freed from pathogenic bacteria by a special process. This is of great importance, for it is a well-known fact that sterilized milk is less easy of digestion and less nutritious than

natural milk. The heating necessary for sterilizing appears either to drive off some volatile principle which assists nutrition, or to render the casein less digestible. In any case we know that infants fed on "sterilized" milk are apt to become rickety unless special means are taken to prevent it.

The fresh eggs are treated in such a way that the lecithin, contained in the yolk, is preserved intact and unaltered. Lecithin is, therefore, present in the "active" form, and may be extracted from it as lecithin by the action of solvents only, showing that it exists in the free state. This lecithin is a peculiar form of fat, containing both nitrogen and phosphorus; it is present largely in the brain and nerves, and to a less extent in white blood corpuscles and protoplasm generally, and, therefore, in all young cells and growing tissues. It exists in large quantities in egg-yolk, and is broken up by the pancreatic juice into glycerine, phosphoric acid, stearic acid, and an alkaloid called choline. It has been stated—on the basis, we suppose, of the foregoing well-known decomposition—that glycerophosphates can take the place of lecithin in the human economy. This we do not believe, as the glycerine and phosphoric acid are only a part of the decomposition products, and besides the phosphorus in the phosphoric acid is not present in the "organic" form. No, so far as lecithin is concerned, we prefer Nature's laboratory in the form of the barnyard fowl to the finest chemical laboratory in the world. Not only is lecithin useful as a direct constituent of brain and nerve tissue, but it has an important action on nutrition generally. It is a curious fact that *cholesterin* is the "physiologic antipode of lecithin." This is a substance also present largely in the white matter of the brain, spinal cord, and nerves generally. But it is an *effete* product, and is withdrawn from the blood by the liver and excreted in the bile. Lecithin, on the other hand, is *par excellence* a nerve and muscle food, and hence its great use to those who have become debilitated through overwork, excesses of any kind, privation or illness. As a source of lecithin in such cases we know no better food than "Ovaltine." Of its therapeutic and great dietetic value there can be no possible doubt. Its uses are co-extensive with all conditions—from whatever cause produced—where a

specially nutritive and easily assimilated food is required; and, as we have already pointed out, it is a complete food, containing nitrogen, organic phosphorus, a large proportion of fatty matters, and cereals in a concentrated and soluble state. Dissolved in warm milk it is an ideal breakfast food, which may be safely taken by young and old alike. Its continued use produces no injurious effects, such as those produced by tea and coffee, on the nervous and digestive systems. Further, tea and coffee are not suitable for the young in any form. As a food or a drink for brain workers it is especially valuable on account of the organic phosphorus it contains. This, no doubt, serves as a speedy restorative to the overwrought nerve-centres, and it may be antidotes the effects of cholesterin, the waste product of nerve tissue in general.

Turning for a moment to its uses in diseases we find they are many and varied. In the diseased states produced by the "high pressure" at which many of us must do our daily work, with the resulting neurasthenia and brain-fag, "Ovaltine" is a most valuable aid in restoring the shattered "nerves." It is also indicated in anæmia and malnutrition generally. Its value in convalescence from acute disease is very great. In nursing mothers, both to increase the flow of milk and for the weakness and depression caused by excessive suckling, "'Ovaltine' is a true tonic." For the young, the aged and infirm, in the overfeeding of tuberculous cases, and in wasting diseases generally it is highly suitable. For cyclists after the fatigue of a long journey a glass of warm milk with one or two teaspoonfuls of "Ovaltine" dissolved in it is most refreshing, and paves the way for a full meal later on; for it is a most unwise and dangerous thing to sit down to a full meal when all the forces of the body are exhausted.

Not the least of its numerous recommendations is its comparative cheapness—a cheapness not dependent on inferior materials—and the fact that it is so very easily prepared. One point should be insisted on, and that is that the preparation *must not be boiled*, in order not to destroy the lecithin contained in it.

Notices, Reports, &c.

THE LONDON HOMŒOPATHIC HOSPITAL

THE Earl Cawdor, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, W.C., has received a cheque for ten guineas from the Worshipful the Company of Pewterers.

BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the Session was held at the London Homœopathic Hospital on Thursday, April 1; Dr. Stonham, Vice-President, in the chair.

The Secretary (Dr. E. A. Neatby) announced that he had obtained an estimate for suitable hinged frames for the display of the photographs presented to the Society some time ago by Dr. A. C. Clifton. It was proposed that the frames should be obtained, that some of the photographs which are fading should be reproduced, and that a carbon enlargement of the photograph of Dr. Clifton should be made. For this purpose a sum of £25 or £30 would be required and for the raising of this members were invited to contribute five shillings each. A considerable proportion of this sum was subscribed by the members present at the meeting. It is requested that those living at a distance and who were unable to be present will forward their subscriptions at once to Dr. Neatby.

A letter of acknowledgment and thanks from Mrs. Clifton for the resolution and letter of condolence sent to her by the Society was read.

Arthur H. Gregson, M.B., Ch.B., was balloted for and unanimously elected a member of the Society.

The President announced the death of Dr. Ramsbotham, of Leeds and Harrogate, and proposed that a letter of condolence should be sent by the Society to Mrs. Ramsbotham and her family. This was seconded by Mr. Knox Shaw and carried unanimously.

Dr. Roberson Day then showed a patient who had recovered from tubercular disease of the pelvis. The patient came on October 12, 1898, with fulness in the left iliac region over the

psoas and iliacus; there was pain and restricted movement, but the hip-joint appeared to be normal. Mr. Knox Shaw opened and drained a large abscess. The patient remained in the Hospital five months and was then sent out with the wound still discharging. She attended the out-patient department for several years, and the three medicines given at various times were *tuberculin* 30, *arsen. iod.* 3x, and *hepar* 12. At first the patient was confined to bed, being unable to walk. Her home was a very unhygienic one. Though the sinus continued to discharge abundantly her general health improved. By October 3, 1900, the patient was again able to walk a few steps. By December 11, 1901, the sinus had healed and she could walk much better. By February, 1903, she could walk quite well. At the meeting no difference from the normal could be detected in the gait. There were large firm scars above Poupart's ligament on the left side.

Dr. McCulloch then read his paper entitled "The Significance, Pathogenesis and Sequelæ of Fibrositis and the *rationale* of Resolution by Electrolytic and Actinic Methods."

The paper was a closely reasoned one and of high scientific value. It was a difficult one to summarize, but we print the synopsis, which will give some idea of the method by which Dr. McCulloch handled his subject.

SYNOPSIS.

- (1) Biological considerations *re* analogous processes in the cytoplasm of unicellular organisms according to environmental medium.
- (2) The fibroblast and the connective tissue cell compared physiologically and anatomically in multicellular organisms and man.
- (3) The relationship between growth and other cell activities—adaptation.
- (4) Classification of fibroses according to Adami, 1909.
 - I. Of inflammatory origin :—
 - (1) Replacement fibroses; (2) Proliferative fibroses :
 - (a) The capsular—of the infective granulomata around inert bodies, &c. (b) Post-inflammatory, in which the fibrous tissue continues to grow, as in keloid, after the irritant has ceased

to act. (3) Post-fibrinous fibroses : (a) Thrombosed blood within vessels. (b) Fibrinous exudates on serous surfaces, adhesions, &c.

II. Of non-inflammatory origin :—

(1) Due to physiological strain : (a) Arterial (b) Venous. (c) Lymphogenous. (2) Neoplastic—the fibromata.

(5) Electrolytic and actinic methods of resolution.

In the discussion which followed Drs. Dudley Wright, Goldsbrough, Byres Moir, Day, Alexander, Wheeler, and Stonham took part.

HONYMAN-GILLESPIE LECTURES.

THE last of Dr. Wheeler's Monday lectures on *Materia Medica* for the present session was delivered on March 15, and had for its subject the *Salts of Potash and Soda*. Dr. Schulz says that both *potash* and *soda* are absolutely essential to the life of protoplasm, and that *potassium* is related more to the solids and *soda* to the fluids of the body. The *potash salts* first increase the reflex sensibility of muscles, then cause pains and twitching, and, finally, paralysis. Joint pains are a common effect of *potash salts*, also palpitation of the heart, doubtless from its influence on the heart muscle. There is catarrh of the respiratory, alimentary, and urinary tracts. On the skin there are eruptions of catarrhal nature. These salts tend to produce abortion through exciting contraction of the uterine fibres.

The oxidation processes of the body require the presence of an alkali, and hence the use of *potash salts* in gout and of *carbonate of soda* in acidosis. *Sodium* in small doses stimulates the secretion of glands, in large doses paralyzes it. It is a stimulant to unstriped muscle ; it tends to decrease fat ; causes melancholy and depression of spirits ; and acts on the glands of the neck and on the skin.

Kali carb. causes stitching pains in various parts of the body < lying on the affected side. Symptoms < 2 to 4 a.m. : this belongs to nearly all the *potassium salts* ; great relaxation of tissue, e.g., the bag-like swelling over the eyes ; sweats

easily; tendency to the deposition of fat; < sexual indulgence, as is the case with all *kali salts*; patient is peevish, irritable, easily startled, increased sensibility to all impressions, especially to noise; < eating; there is chilliness and heat relieves; discharges are not very purulent. It is a right-sided remedy, especially right hip and right knee.

Natrum carb.—This is the principal ingredient in *soda-mint* tablets, and as these are largely used we often meet with symptoms arising from it. It stimulates the body to increased formation of acid, especially the gastric tract. There is great sensitiveness to noises, especially if they are unexpected; good appetite, and symptoms > eating; great tendency to the secretion of pus, which is yellow and profuse; the skin is dry; general debility; pains < pressure; > rest.

Kali chloricum.—A Schussler remedy. Useful for complaints where there is an increased formation of fibrin; secretions and membranes are tough; for disease of the middle ear; < motion.

Natrum muriaticum.—Generally used potentized by homœopaths. Dr. Schulz obtains results from the administration of small quantities of the crude drug or weak solutions. Discharges are very fluid; formation of herpes; loss of smell and taste; increase of tears; lachrymose disposition, melancholy, depressed; cold, and cold feet, but likes the open air; constipation of inertia. Dr. Schulz gives it for the constipation occurring in infants. Skin is greasy and dirty; headaches, throbbing and hammering, < morning on waking; symptoms generally < 10 a.m.; backache; hunger; gets thin; nausea and vomiting; fondness for salt; malaria; < after sexual intercourse, but this is less marked than with *potassium salts*.

Causticum.—Has a marked paralyzing action, especially of special nerves; sense of burning, rawness, and soreness; melancholy; has cured facial paralysis, especially of right side; ptosis; paralysis of tongue; tendency to produce warts, especially about the face, they are large and bleed easily on touch; greasiness; greasy taste in the mouth; greasy-looking motions; constipation; aversion to sweets; acid dyspepsia; urine passes with the cough, involuntary at other times; hoarseness from laryngeal paresis; cough and

hoarseness > swallowing sips of cold water; sciatica, left-sided, with numbness; weakness of joints with burning, sore pains; < in cold, clear weather; > in damp, steamy weather. Is an antidote to *phosphorus*.

Kali bichromicum.—Symptoms are shifting and alternate: rheumatism alternates with headache, dyspepsia alternates with rheumatism; secretions are thick and stringy. It affects mucous membrane strongly, and may cause ulceration, especially of the stomach and duodenum; dyspepsia of beer-drinkers; semi-lateral headaches, especially over one eye, or after suppressed catarrh; ropy mucus from the bladder; secretions yellow.

Kali bromatum.—Failure of mental power; acne; psoriasis.

Kali chloratum.—Aphthæ of mouth; acute nephritis, with blood and albumen in urine.

Kali cyanidum.—Has a relationship to cancer of the tongue.

Kali iodidum.—Catarrhs of head; watery coryza, especially when accessory sinuses are affected; joint and gland affections.

Kali nitricum.—Asthma; spasm of air passages.

Kali phosphoricum.—Neurasthenia; irritability; headache of students; inability to use the brain; < sexual intercourse; diarrhœa; pains > warmth.

Kali sulphuricum.—Yellow discharges. The remedy for excess of oxalates in the urine.

Natrum phosphoricum.—Acidity; acidity from eating too much sugar; excess of lactic acid; discharges yellow. May have a relationship to the knee-joints.

Natrum sulphuricum.—Discharges yellow; < from wet; warts; acts on the liver; pain at base of brain, and has been used in meningitis.

Natrum salicylatum.—Remedy for noises in head of nervous origin; Ménière's disease; urticaria; post-influenzal debility.

Dr. Searson continued his clinical demonstrations on Tuesdays and Fridays. The cases shown were as follows:—

March 9.—(1) Strumous dactylitis; (2) intestinal obstruction; (3) illustrating bryonia in constipation; (4) spigelia case; (5) necrosis of jaw.

March 12.—(1) Exophthalmic goitre; (2) abscess of thyroid; (3) tubercular foot, illustrating Bier's treatment; (4) stricture of œsophagus; (5) appendicitis.

March 16.—(1) Treatment of anæmia; (2) acute chest pain, illustrating treatment; (3) empyema (Dr. Roberson Day); (4) *hyoscyamus* as a cough remedy.

March 19.—(1) Typhoid; (2) prolapsus ani; (3) broncho-pneumonia, showing unusual temperature and respiration chart; (4) *merc. viv.* in marasmus.

March 23.—(1) Illustrating the uses of *calendula*; (2) china in a broncho-pneumonia case; (3) obscure abdominal pain; (4) diabetes with gangrene of foot.

March 26.—(1) Graphites case; (2) asthma in children; (3) treatment of hæmorrhoids.

B.H.S. GOLF.

THE following is the draw for the Tournament, 1909 :—

| | | | | | | |
|---------------------|---|-----------|---|-------|---|-------|
| (1) H. Nankivell | } | _____ | } | _____ | } | _____ |
| (2) E. F. Cronin | | | | | | |
| (3) W. C. Pritchard | | | | | | |
| (4) W. T. Ord | | | | | | |
| (5) E. Capper | | | | | | |
| (6) H. Wynne Thomas | | | | | | |
| (7) Bye | } | J. Powell | } | _____ | } | _____ |
| (8) Bye | | | | | | |
| (9) Spencer Cox | } | _____ | } | _____ | } | _____ |
| (10) Byres Moir | | | | | | |
| (11) Frank Shaw | | | | | | |
| (12) H. Mason | | | | | | |
| (13) C. Knox Shaw | | | | | | |
| (14) B. Nankivell | | | | | | |

First round to be completed by May 31.
 Second " " " June 30.
 Third " " " July 31.
 Final " " " September 30.

H. W. T.

THE LONDON HOMŒOPATHIC HOSPITAL.

THE LORD MAYOR, who will be accompanied by the Lady Mayoress and the Sheriffs, will lay the Memorial Stone of the new Sir Henry Tyler Extension of the London Homœopathic Hospital, Great Ormond Street, W.C., on June 30. Donations towards the £2,500 required for furnishing the New Wing may be sent to the Secretary at the Hospital.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and donations received from March 16 to April 6, 1909.

| GENERAL FUND. | | | | | | Subscriptions. |
|---|-----|-----|-----|-----|-----|----------------|
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| E. Ford Duncanson, Esq. | ... | ... | ... | ... | ... | 2 2 0 |
| | | | | | | Donations. |
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| Miss Cook | ... | ... | ... | ... | ... | 1 0 0 |
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| Mrs. John Mews (proceeds of Entertainment) | ... | ... | ... | ... | ... | 24 0 0 |
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| Mrs. Cundy | ... | ... | ... | ... | ... | 1 1 0 |

NORTHERN COUNTIES THERAPEUTIC ASSOCIATION.

THE second meeting of the year was held in the Board Room of the Leeds Homœopathic Dispensary on Thursday, April 15, 1909.

A vote of condolence with the widow and family of the late Dr. Ramsbotham was passed. Dr. Ramsbotham was the prime mover in the formation of the Association, and was its first Secretary.

The subject of the paper read before the meeting was "On the Use of the Repertory." The necessity of a repertory on account of the large number of drugs in the Homœopathic *Materia Medica* was first pointed out. Then the speaker went on to give some of the reasons why repertories were not in

common use, and first among them was the fact that so many of us get our homœopathy from such books as Hughes' Pharmacodynamics. Other reasons are that repertories are thought to be too difficult to handle with ease, that they take too much time to work, and that they might have to be consulted in the presence of the patient.

At this point the speaker remarked that it had always been a curious circumstance to him that in the study of homœopathy our friends nearly always advise us to read everything but Hahnemann, or, at least, he comes last in their recommendations. This is a great misfortune to homœopathy, because we get what other men think is homœopathy, not what Hahnemann said it was.

Kent's Repertory having been recommended as the best of many good ones, the method of taking the case was lightly touched upon, although the speaker recommended a study of the *Organon* for a full explanation, and notes of several cases were produced for an actual demonstration of the methods of use of the repertory.

SUMMER POST-GRADUATE COURSE AT THE
LONDON HOMŒOPATHIC HOSPITAL,

JUNE 15 to 25 (9 days).

PROGRAMME.

9.30—10.15.—Lecture by Hospital Physician.

10.15—11.15.—Clinical Lecture, Demonstration in Wards,
by Hospital Physician.

2.30—3.—Lecture by Specialist.

3—4.30.—Clinical Lecture, Demonstration, by Specialist.

4.30—5.—Special Lecture on Therapeutics, *Materia
Medica*, &c., by special Lecturers.

All the specialities will be included. Practical and clinical demonstrations, &c.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: **MEDICAL**, In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily; **SURGICAL**, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD. who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from BOERICKE AND RUNYON (New York), Docteur J. A. RIVIÈRE (25, rue des Mathurins, Paris), Dr. CHARLES W. HAYWARD (Liverpool), Dr. P. PROCTOR, and Dr. STANLEY WILDE.

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMOEOPATHIC REVIEW.

JUNE, 1909.

Editorial Notes and News.

*. The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest date.

Acidæmia.

AN interesting paper on the effects of the administration of alkalies on the total blood alkalinity has been published by Landau (*Arch. f. Exper. Path. u. Pharm.*, March, 1908). As to the methods of producing acidæmia, this can be done in two ways. (1) By prolonged starvation : in this case he says the acidæmia is due chiefly to *sulphuric acid*, and perhaps also to some extent to *acetone* or its precursors. Administration of Na_2CO_3 completely neutralizes it and restores the blood to its normal degree of alkalinity. (2) The other way is by the administration of *phosphorus*, which causes a profound and progressive acidæmia from toxic destruction of fat and albumin and insufficient oxidation. The acidity in this case is due to *lactic acid* and *amino-acid* formation. In severe progressive acidæmia of this type, the administration of alkali is incapable of restoring the blood to the normal degree of alkalinity. Landau suggests that the acidæmia in diabetes is similar in type to that of phosphorus poisoning, in that it is excessive and progressive, and that little benefit is to be expected from the administration of alkalies, which is quite in accord with clinical results.

The symptoms of acute fatty acid intoxication, acute yellow

atrophy of the liver, and phosphorus poisoning, appear to be very much alike. With this group we would associate such conditions as cyclic vomiting, salicylic poisoning, and the uncontrollable vomiting of pregnancy. All may be regarded as associated with acidæmia. In some the liver may merely be loaded with fat (as in "delayed chloroform poisoning"), while in others there may be complete necrobiosis. The whole subject is one of intense interest, and one wonders whether in those cases where the administration of an alkali fails *phosphorus* would succeed. There can be no question of the resemblance between acute yellow atrophy of the liver and phosphorus poisoning, even to the pathological findings (see also THE BRITISH HOMŒOPATHIC REVIEW, Vol I., pp. 447-450; also a recent very interesting paper by Drs. Wynne Thomas and Burford).

* * * *

**Stockman's
Nodes.**

THESE nodes are found in connection with lumbago and other forms of muscular rheumatism, and are regarded as an essential constituent of the disease. They vary in size from a split pea to an almond, or even half a walnut. They may be superficial or deep in position, and when pressed on give rise to pain, especially when the branch of a nerve is involved. The swelling is a chronic but comparatively localized inflammation of the perimysium. It consists of fibrous tissue and an amorphous sero-fibrinous matrix. They never undergo osseous change or infiltration with urate of sodium, nor do they suppurate.

* * * *

**Barlow and
Warner's
Nodules.**

It is probable that the nodules described by Stockman are closely allied to the subcutaneous nodules described by Barlow and Warner. A special feature of the acute rheumatism of children is the occurrence of subcutaneous nodes or nodules. It is said that they were originally described by Thomas Hillier, of University College Hospital. He died in 1868, and neither in his "Diseases of Children" (1868) nor in his "Handbook of Skin Diseases" (1865) does there seem to be any reference to the subject. The question of subcutaneous nodules connected with the

fibrous structures occurring in children the subjects of rheumatism and chorea was first brought prominently forward in a paper by Thomas Barlow and Francis Warner in 1881, although there had been previous communications by Meynet, Rehn (1878), Hirschprung of Copenhagen, and in adults by Trosier and Brocq (1881). These nodules vary in size from a pin's head to that of an almond, and they are always subcutaneous. As a rule, they give rise to no pain but sometimes tenderness may be elicited on pressure. The back of the elbow, the malleoli and the margins of the patella are the favourite sites, but they are also found close to the vertebral spines, the spine of the scapula, the crista ilii, the extensor tendons of the foot and hand, the temporal ridge, the forehead and the superior curved line of the occiput. They appear in crops and are usually ephemeral, each crop, as a rule, persisting only a few days. Microscopically, they consist of wavy strands of fibrous tissue with caudate, spindle-shaped nucleated cells and abundant vessels. There is no doubt that they are the result of rheumatic inflammation, and their clinical significance is derived from the indication they afford of similar changes taking place in the endocardium and pericardium so that their occurrence may be regarded as a bad omen. Garrod pointed out that they are apt to be associated with severe types of heart lesion. As an expression of rheumatism they are practically confined to childhood. The larger and more numerous they are the graver is the outlook, as such a state of affairs is the almost invariable accompaniment of a pancarditis. Hence their great value in prognosis. All the superficial bony and tendinous areas throughout the body should be examined for them.

* * * *

**Painful
Subcutaneous
Tubercle.**

WHAT is the exact relation of this form of tubercle to the other tubercles or nodes is difficult to determine. The special feature in this case is the intense painfulness. It was described by A. Petit, Cheselden, Camper, and others. The best general account, however, was given by Mr. William Wood, in 1812, in the *Edinburgh Medical and Surgical Journal* for that year. Dupuytren added many instances to those given in Mr. Wood's paper. The tubercles are *subcutaneous*,

and are most often seen on the extremities, especially the lower ; they are rare on the trunk or face. They are about four times more frequent in women than in men. They rarely ever begin to form before adult life, or after the commencement of old age. Though subcutaneous, they may be attached to the cutis at one point. They rarely exceed $\frac{1}{2}$ in. in diameter. It has been suggested that they are neuromata ; but in most cases it is impossible to trace any direct connection between nerve filaments and the tubercles. Neuromata are often multiple ; the painful subcutaneous tubercle is nearly always single. The neuromata may grow to any size ; the tubercle in question grows to a certain small size and then remains stationary. Neuromata are most frequent in the male ; the painful subcutaneous tubercle in the female.

* * * *

Heberden's Nodes. THESE nodes were described by William Heberden in his "Commentarii de Morborum" (1802). His *digitorum nodi* are not fibrous thickenings, but are osseous growths situated on the lateral aspects of the terminal joints of the fingers. They are more common in women than in men, and are usually symmetrical. They are as a rule painless. In connection with them small cysts are sometimes found, regarded as herniæ of the synovial membranes. With the appearance of the nodes the joints of the fingers often become swollen, tender and inflamed. A medicine to consult in this condition is *lithium carbonicum*.

* * * *

Haygarth's Nodosities. A FEW years (in 1805) after Heberden had published his paper. John Haygarth published a clinical history of "Nodosity of the Joints," of which he had seen thirty-four cases—all, with the exception of one, being in the female sex. The joints chiefly affected were the fingers ; the growths were osseous in character. The diseases led to distortion, and even dislocation of the joints. In some cases a crackling noise was perceived in the joints. The disease was slowly progressive and spread from joint to joint. Haygarth's nodosities and Heberden's nodes must be looked upon as symptoms of what is now known as osteo-arthritis. In the case of large joints,

such as the knee, the common characteristic of osteo-arthritis is the existence of vegetations. Now, whether this disease is the result of some degeneration of the central nervous system, or is due to auto-intoxication from some part of the intestinal canal—being, in fact, a multiple septic synovitis—a most hopeful plan of treatment is to feed the patient on *butter-milk*, or fresh milk soured by means of pure strains of lactic acid bacilli.

* * * *

**Bismuth Paste
in Sinus
Cases.**

SINUS cases are often a bugbear to the surgeon, and especially to the general practitioner, when they are left in his hands after an operation. The various methods of inducing healing by freshening up the walls of the sinus with caustics, mercurial ointments, &c., are uncertain and troublesome. Persons in otherwise good health may be condemned to a life of semi-invalidism by chronic discharge from an unhealed channel or tuberculous ulcer and exposed to the constant risk of septic poisoning. Any reliable treatment for the cure of these conditions is to be welcomed, and we note with interest the experiences recorded in the *Medical Brief* of several American surgeons with Beck's *bismuth paste*. This has been used successfully in all kinds of sinuses, except biliary, pancreatic, or cranial. It consists of one part of subnitrate of bismuth mixed with two parts of vaseline and boiled. This paste is injected whilst fluid, and not too hot, with some pressure into the sinus, a sterilized glass syringe with a urethral tip being used. This is carefully withdrawn and a sterile gauze sponge quickly substituted, to maintain gentle pressure until the paste has cooled when it is less likely to be forced out. If necessary a little white wax or soft paraffin may be added to raise the melting point of the paste. The injection may be repeated every four or five days, but often one injection suffices.

* * * *

**Results
of Bismuth
Treatment.***

A LIST of 192 cases treated by this method is given, of which 66 per cent. were cured, 28 per cent. improved, and six unchanged. They consisted largely of tubercular diseases of bones, joints and glands; many also of osteomyelitis of

* See p. 138.

various bones. Empyema of the chest was cured in fourteen instances, with four failures recorded. In sinuses after abdominal operations thirteen out of sixteen were cured, and in fistula *in ano*, thirteen out of eighteen, with five failures. These results were announced by Dr. Emil G. Beck, of Chicago, in a paper presented by him to the International Congress on Tuberculosis. Several other surgeons, who had used the method, spoke highly in its favour. Dr. Ochsner speaking before the Chicago Medical Society said: "I have employed this method in about twenty cases of old tubercular sinuses. The possibility of application of bismuth paste is so great, and the proportion of satisfactory results from it so large, that I look upon it, in appropriate cases, as the most important advance in surgery that we have had during the past two years. I have applied the mixture in practically every part of the body, with the exception of some special parts like the nose." There is said to be little fear of *bismuth* poisoning, unless extravagantly large quantities of the paste are used; 100 grammes is said to be the safe limit. If space requires more, the proportion of *bismuth* should be diminished. If any of our surgeons have had experience of the method we hope they will let us know their results.

* * * *

**Calcium Salts
in
Menstruation.**

EXPERIMENTS throwing any light upon the action of remedies which are known by homœopaths to be curative in certain conditions, according to the law of similars, are of special interest and importance to us. The relation of menstruation to the calcium salts in the blood has recently been investigated by Drs. Bell and Hick for the Science Committee of the British Medical Association, and reported upon in the *British Medical Journal*. Variations in the amount of calcium in the blood of hens, during and before laying eggs, were first examined. It was found that the percentage dropped during the formation of the shell, but remained generally above normal whilst ova were being produced; when the calcium index was low, no eggs were formed. The idea then presented itself as to whether the calcium proportion in the blood had any effect on menstruation in women. Experimental investigation proved this to be a fact, and that the

regular performance of this function appeared to depend on the periodical fluctuations of calcium metabolism in the system. Thus in amenorrhœa from general debility, there is said to be too little calcium to permit menstruation. Hence the recently recommended use of *calcium lactate* in large doses as a "tonic," which it is supposed will also restore the menses. Here also our more scientific uses of *calc. carb.* and *calc. phos.* in homœopathic doses, assisting to restore the power of assimilation of calcium salts from the food, should be noted. Secondly, it was found that the fall in calcium percentage noted at the commencement of menstruation was immediately followed by a rise, and that unless this occurred the flow did not cease and menorrhagia resulted. This condition also seems to be due to a deficiency of calcium salts in the blood, and hence the successful use of *calc. carb.* in menorrhagia by homœopaths for a century past, as recommended by Hahnemann, receives a physiological explanation. Many other points of great interest are touched upon in the report referred to, which throw fresh light upon this little understood function, but those mentioned are of especial importance to homœopathy.

* * * *

IN spite of the great variety of drugs newly discovered, and the novel treatments **A Boom in Antispasmodics.** by serum, rays, &c., &c., with accounts of which the medical journals and even daily papers are crowding their columns, with the great bulk of general practitioners throughout the country the old order of drugging still continues. Except in hospital practice, it is probable that three-fourths of the medicines given are prescribed on the old lines of mixtures and pills. The *British Medical Journal* occasionally treats its readers to a genuine old-fashioned paper on the lines of fifty years ago, in which no taint of modern methods, much less of homœopathy, can be detected. The author whose pen we must frequently recognize is Dr. Eustace Smith, who writes as if even Ringer had not yet appeared to cast a pale reflection of homœopathy on the scene. A recent paper on "Antispasmodics and the Cure of Spasm" suggests these thoughts. Here we are brought back to our old friends *opium*, *chloral*, *bromides*,

belladonna, *valerian*, *asafoetida*, and others, in the style of old Father Garrod and his school. True, their uses are described in language seasoned by a learned jargon of modern scientific phraseology, but the recommendations have not changed, if the explanations are couched in more recent terminology. For example, in the various reflex spasms of childhood, when due to gastric disorders, our old allies *rhubarb* and *soda* appear once more, *carbonate of magnesia* being reserved for adult spasms. To one who has left these old school palliatives for the scientific uses of remedies prescribed in accordance with Nature's law of cure, this is indeed melancholy reading, and seems to have little more to recommend it than the advice given in the old pantomime song of our childhood which ran, we remember—

"Spasms, spasms, the dear old lady has 'ems,
There's nothing like the 'least of gin' to fill the dreadful chasms!"

We think the "least of gin" is as good a prescription for "spasms" as these recent suggestions of our noted contemporary.

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THIS is another name for whey, the serous fluid remaining after the casein has been separated from milk. It contains various ferments such as *pepsin*, *trypsin*, *lipase*, the glycolytic ferment, and oxydases. These ferments are destroyed in the process of sterilizing milk by heat. From a paper communicated to the Paris Academy of Medicine by Dr. Raoul Blondel, and specially translated for the *Lancet*, we learn that the lacto-serum can be sterilized by forcing it through a d'Arsonval bougie under pressure of carbonic-acid gas, and that when sterilized in this way the ferments are not destroyed. Hypodermic injection of lacto-serum thus prepared causes (1) a slight rise in temperature coming on soon after the injection and lasting a few hours; (2) an increase in the polynuclear leucocytes; (3) a remarkable increase in the excretion of uric acid, especially in febrile cases; (4) a notable lowering of the blood-pressure in the arteries and capillaries. Use has been made of these results for therapeutic purposes. Observations made on twelve cases of pneumonia showed that defervescence followed, sometimes as early as the fourth

day of treatment, after two or even one injection of 10 cc., the defervescence being accompanied by an abundant excretion of uric acid. In cases of arterial hypertension in arteriosclerosis the injection of lacto-serum almost constantly caused a marked fall in blood-pressure, accompanied by a mitigation of subjective symptoms such as headache, insomnia, and general oppression, and dyspnoea on exertion. Dr. Blondel's usual proceeding in these cases is to give a daily injection of 10 cc. into the muscles of the thigh or gluteal region, and to continue them for four or five days after the blood-pressure has fallen to normal, then to give a weekly injection for a month, and afterwards monthly injections only for three months.

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**Thyroid
Extract and
Enuresis.**

DR. LEONARD WILLIAMS, Physician to the French Hospital, contributes to the *Lancet* of May 1 an interesting case of a boy, aged 9, a pupil at Christ's Hospital, who was suffering from nocturnal enuresis. He had been circumcised while a baby, so that phimosis could be excluded as a cause. Some adenoids were present and they were removed, with the effect of considerably aggravating the incontinence. Thinking that the removal of the adenoids might have deprived the patient of some internal secretion, which up to that time had partially protected him against enuresis, he decided to try the effect of thyroid extract. He was led to employ this substance from what seems to us the inconclusive reason that the thyroid gland has very intimate relations with the lymph glands, and that adenoids consist of lymphoid tissue. The boy was spare, bright, and intelligent, but 2 inches shorter than the average for his age. He began by taking half a grain of thyroid extract night and morning. The enuresis immediately ceased, and under the influence of the thyroid treatment never recurred. Six days after treatment had commenced he had gained over 5 lb. in weight, and in a fortnight had gained 7 lb. and reached the average for his age. On searching the literature of enuresis Dr. Williams came upon nothing advocating its treatment by thyroid extract till he discovered a paper by Dr. Hertoghe, of Antwerp, in which the author strongly insists on the curative influence of thyroid extract on enuresis, and quotes successful cases.

**The
Importance of
the Dose.**

STIMULATED by his success in the above-related case, Dr. Leonard Williams tried the thyroid extract in other cases of enuresis. He treated twenty-five cases in all, and obtained good results in all but one. In most of the cases the dose was from $1\frac{1}{2}$ to $2\frac{1}{2}$ grains of the extract two or three times a day. In the case that failed $2\frac{1}{2}$ grains were given four times a day. In some of the cases *iodine* and *arsenic* were given to supplement the thyroid extract. Dr. Williams draws the deduction from his experience with these cases that adenoid vegetations are not, as is commonly stated in text-books, a cause of enuresis, but that this is due to an insufficiency of the internal secretion of the thyroid glands. We do not feel so sure of this. It is not a necessary inference that because cases of enuresis are cured by thyroid extract that therefore the cause of the enuresis in those cases is a deficiency of that substance in the patient's economy. We have seen plenty of cases of incontinence cured by *belladonna*, *sepia*, *kreasote*, and other drugs; but it was not because they supplied a deficiency in the patient's blood, it was on account of their homœopathic relationship to enuresis, all these drugs being capable of producing that condition if given in large doses and to susceptible subjects.

Dr. William's further experience, which he considers so remarkable, might suggest to him the possibility that his cures are examples of homœopathic action. Thyroid extract had done so much for his enuresis patients that he was led to give it to children suffering from debility due to other causes. He gave $2\frac{1}{2}$ grains three times daily to a boy, aged 9, who had for some two years been under treatment for general debility, but who had never in his life suffered from enuresis. But during the first week of the thyroid extract treatment he suffered from nocturnal enuresis. This was very surprising to Dr. Williams, but he drew from it the conclusion that "the question of dosage is not only of paramount importance, but also of the utmost delicacy. It is essential to success that the initial dose should be very small; that this dose should be increased very cautiously, if at all; and that the minimum dose which experience proves to be productive of good results should be steadily persevered with." Just so. Dr. Williams

has apparently no very good opinion of the "large and increasing doses of *belladonna*, the classical remedy of the text-books" in the treatment of enuresis. Nor have we. Will Dr. Williams, guided by his experience with thyroid extract, try the effect of *belladonna* given in minute doses, half a drop or less of the tincture? He will not cure every case, because all cases of enuresis are not alike, and only those cases similar to the enuresis produced by *belladonna* would be cured by it. But, even taking his cases indiscriminately and without using the fine differentiation which good homœopathic prescribing demands, we think the value of *belladonna* as a remedy for enuresis would rise in his estimation.

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**The Campaign
against
Malaria.**

MAJOR RONALD ROSS has been lecturing at the Royal Institution on this subject. He said that if the inhabitants of malarious countries could be persuaded to protect themselves by mosquito nets or quinine, or if the Governments could be persuaded to undertake suitable drainage and other measures against mosquitoes, much improvement in the public health was likely to accrue. Unfortunately, owing to the indifference or the obstruction of the officials much less had been done to root out malaria from our tropical possessions than might easily have been effected. "The immediate success hoped for ten years ago had not been attained. The battle still raged along the whole line, but it was no longer a battle against malaria, but against human stupidity. Those who had taken part in it had reasoned and been ridiculed; had given the most stringent experimental proofs and been disbelieved; had protested and been called charlatans. Not one of the young men who had pioneered this important work had, he thought, ever received thanks for his labours, but several he knew had been actually punished. His brother, Mr. H. C. Ross, was driven from the Egyptian Sanitary Service out of spite and jealousy, simply because he undertook such work. We talked much of science, and collected funds for teaching and research, and held conferences and congresses, and blew trumpets over our doings; but when a useful discovery was really made, this was the way we employed it for the good of humanity."—*The Times*, May 10, 1904.

High-frequency Cytolysis and Fulguration of Cancer. D. J. A. RIVIERE, of Paris, has sent us a communication which he made on the above subject to the Academy of Sciences on March 23, 1909. The following is a translation of the summary of his paper :—

(1) We were the first at the Congress of Medical Electricity and Radiology, 1900, to speak of the selective action of the high-frequency spark and brush on malignant neoplasms.

(2) Since 1900 we have insisted upon the necessity of completing the surgical operation of large tumours by using high-frequency sparking applied to the operation wound, in order to disinfect and drain the new surfaces contaminated by the knife and so to avoid recurrences. We further have contended, since the same period, that high-frequency sparking is the only therapeutic means by which to treat inoperable tumours.

(3) As we said in our communication of 1900, high-frequency sparking, either by sparks or brush application, destroys neoplastic tissue and stimulates the curative tropho-neurotic action of the healthy subjacent layers. The work of repair is, as we have indicated, a fibrous tissue-forming process, which rapidly makes up for the loss of substance and gives an æsthetic cicatrix.

(4) High-frequency sparking is sufficient for epitheliomata which are superficial and accessible to electrodes. The knife should be used only for large tumours, and those too deeply situated.

(5) For superficial epitheliomata short or long brush applications and the smallest sparks are sufficient to destroy the pathological elements and to stimulate the healthy tissues in their work of repair. For other cases of malignant tumours it may be necessary, according to circumstances, to have recourse to sparks and brush applications of greater or less length and to electrodes of different forms, in order to localize this sparking.

(6) The "fulguration" of the operation wound may be done either by sparks or brush applications. The first are necessary to complete an operation recognized to be incomplete by the surgeon; the second appear to us to be sufficient and preferable for cases of operation considered to be complete.

(7) In all cases the region operated upon should be from time to time submitted to high-frequency brush treatment in order to prevent recurrence.

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A Novel Theory of Consumption. UNDER the title "Plants as a Cause of Disease," we reprint on p. 356 a *résumé*, with a few additions, of three papers on the subject read before the Vermont Homœopathic Society, including some novel facts and queries with regard to tuberculosis. The suggested vegetable origin of the tubercle bacillus—startling as it at first strikes one—is not, perhaps, so unlikely as might be supposed. There has always been an hiatus in the bacillary theory of consumption. Cases occur and run the usual course in which tubercular bacilli cannot be detected. There are men of eminence in the medical world who recognize in this and other facts a possibility of the bacilli being an almost invariable accompaniment of phthisis, but not its cause. Then we remember the recent discoveries as to the conveyance of plague—by the rat-flea; of malaria—by the mosquito; and similarly with yellow fever and sleeping sickness. These may, perhaps, prepare us for some equally startling and—to our present ideas—equally improbable discovery as to the origin and conveyance of tuberculosis. It is possible that Dr. Moore's paper may prove a step in that direction. The paper being already condensed, we have produced it entire from the pages of *The Chironian*, with the exception of a few paragraphs not germane to the main issue.

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Treatment of Neurasthenia. AN interesting discussion took place at a recent meeting of the Medical Society of Paris on the Pathology and Treatment of Neurasthenia. Dr. Godleski sought to define clearly and distinguish neurasthenia from other neuropathic conditions with which it is often confounded. True neurasthenia, he maintained, is always due to an intoxication produced either by physical, intellectual, or especially moral fatigue, or by some previous malady of an infective nature. This intoxication leads to nutritive disturbances of the cells of the body, and especially of the nervous system. Hence the

rational treatment of neurasthenia should be directed towards a disintoxication and reconstitution of the cells. He did not deny the mental or psychical factor involved in the disease, but the weakening of volition is only a result of the physical morbid condition. Psycho-therapy, persuasion, re-education of the will are of value, but they can only be regarded as complementary, and do not form the basis of rational treatment.—(*The Hospital*.)

Original Articles.

THE DIET FACTOR IN DISEASE.

By GEORGE BLACK, M.B. EDIN.

(Continued from p. 278.)

ACCORDING to Dr. M. L. Holbrook, of New York, the intestinal tract of man is longer amongst the Japanese, and appendicitis is unknown. May this immunity not be owing to their diet, their frequent ablutions, and the quantity of water which they drink?

From a pamphlet on appendicitis, translated from the French of Professor Lefèvre, by Mrs. A. S. Hunter, of Bridge of Allan, Scotland, I extract the following:—

“Appendicitis is the order of the day. Ten years ago it was not heard of [the translation was made in 1902], now the name of this formidable disease is on every lip; the very children attempt to pronounce the syllables in stammering imitation of their elders. Not a single family but pays its tribute of suffering or anxiety to this new bogey. Not a neighbour but has undergone the operation on his appendix or is going to have it done as the only cure! Besides, periodically we are suddenly assailed by the news of an infection, the puzzle alike of physician and surgeon, whose resources of science and art are proved of no avail. And it is our youths, nay, preferentially our children in full vigour of life, under the appearance of the most robust health, whom the terrible evil attacks, as if it would throw a defiance at the very beings who seem most able to fight against death.

“But what, then, is this appendicitis? Whence comes this

frightful, morbid novelty which has been installed as mistress in the midst of an already sufficiently afflicted community? Is it a question of an unknown disease or simply an old acquaintance recently defined by the incessant progress of medical knowledge? Has this criminal appendix a physiological use, or is it but an oddment of nature, no longer 'wanted' and destined to disappear with other rudimentary organs? Is it the physician or the surgeon for whom we must call when we are suffering from this appendicitis? Can hygiene do nothing to check the hatching of this evil bird?"

"These are the questions which each is asking himself, which are disturbing you vainly yet with anguish in your daily conversations. Is this not so? Let me try and give them an answer."

Professor Lefèvre here enters into a description of the anatomy of the parts. "Following through the stomach we come to that long and winding portion of the digestive tube which, in anatomy, is known by the name of the *small bowel*. Its numerous circumvolutions are developed in a length of from 7 to 8 mètres. Issuing from the *pylorus* (the outward entrance from the stomach), the *small bowel* describes, as it descends, a series of transverse turnings which lead it to the lower part of the abdomen, into the right iliac cavity, where it enters the large bowel (colon). This intestinal passage extends then to the umbilical region and to the lower belly; it touches also at the sides in the flanks, and in the two iliac cavities situated as high as the haunches. A fine membrane, very rich in vessels, in lymphatic ganglions and in nerves, and fixed behind to the spinal column, plays in respect to the small bowel the same part which a scarf does for the injured arm; this is the peritoneum, with its suspensory fold, the mesentery, which supports the intestine. This latter ends in the lower belly and to the right in the *large intestine* (colon). The junction is made at right angles, the small intestine being almost horizontal, while the large intestine, in order to leave the iliac cavity, rises vertically into the right side. This arrangement, already somewhat inconvenient for the circulation of the contents, is still more so by the presence of the *cæcum*, a little pocket, placed at the lower end of the large bowel, deep down in which these contents, accumulated by

the action of the small bowel, have the greatest difficulty in resuming their course; that is to say, the vertical track which will lead them to the outer end of the digestive tube.

"Now let us remark that it is precisely in this dangerous crossway, at the very bottom of the iliac pocket, that the too famous ilio-cæcal appendix is placed—about the size of a goose-quill, about 0.10 m., this closed tube, like a glove-finger, seems placed on purpose, by a whim of Nature, in order to be in the way of obstruction and consequent inflammation.

"It is clear, then, that this inflammation has been many a time produced among our ancestors; and that it does *not* constitute a new disease. Nevertheless, we may well ask which of the two organs we ought to blame. Is it the cæcum, or the appendix? Does danger come from the inflammation of the one, or the other, from appendicitis, or from typhlitis?

"Many individuals can recall having suffered more or less pain in the right side of the lower abdomen. They had a general discomfort, headaches, feverishness and weariness. The doctor told them they were suffering from typhlitis, and if the evil increased they had got peritonitis. But nowadays the same illness, with the same symptoms and the same evolution, bears the name of *appendicitis*.

"The idea of putting all the responsibility on the appendix is not a new one. At the end of the last century, Jadelat, Métivier, then Grisolles and Forget, promulgated the theory of appendicitis. Many of the doctors set themselves to incriminate the cæcum, and their opinion succeeded in prevailing for the time. It was admitted that cæcal inflammation, often harmless, might terminate by assuming a grave character, sometimes involving perforation of the neighbouring peritoneum, sometimes an abscess in the iliac cavity.

"But see now, for several years back, following Reginald Fitz and the American school, we come back to the old theory. Surgeons coming in to operate in this disease have found a normal cæcum and an inflamed appendix. Anatomists have in their time maintained that it is physically impossible for inflammation of the cæcum to be directly communicated to the tissue of the iliac cavity. In short, the cæcum is left out of the play since the new *rôle* of the appendix has been introduced. Must we then await some new variation of medical

opinion? This is probable, but this discussion somewhat lacks interest. Cæcum or appendix, appendix or cæcum? Doubtless it matters little which it is; besides intimately conjoined by anatomy, the two organs are alike, and perforce accountable in the disease. The injury to the one involves injury to the other. If, indeed, there is any order or precedence, it is *probable that the disease begins in the cæcum, the seat of the stagnation, to follow on to the appendix, seat of the obstruction*, and extends to the peritoneum, scene of the resultant inflammation.

"Thus the debate between typhlitis and appendicitis does not seem to be absolutely closed. It will not be so in any case by the argument a bit too interested, to wit, that the cæcum not being convenient or possible to operate on, it is *fortunate* that the appendix is accessible to the operator.

"What is the function of the cæcal appendix? It might, perhaps, be useful to know that before deciding on the importance of its injury and on the opportunity of its operation. Long ago Bauhin called the attention of anatomists to the exact conformation of the ilio-cæcal region. He it is who described this *little tongue* placed between the two intestines (and the part of which is to prevent the return of fæcal matter), still called Bauhin's valve, in a fanciful style, the apothecary's barrier.

"In their turn, zoologists have studied this region among the different animals. They have sought for and discovered the cæcum and the appendix in most of the warm-blooded animals. In general, in place of two distinct parts, the one short and broad, the other narrow and long, the appendix of the animals shows an organ of one single length, cylinder-shape, analogous to the intestine and called simply the cæcum." Among birds the organ is double, each half is as large as the entire intestine. Among mammals in one species, the *Dasybus*, the organ is single and *alone*. The anthropoidal apes (chimpanzee, gorilla, &c.), have the cæcum and appendix as in man. Among the herbivora the cæcum is enormous, and the food remains in it to finish digestion. Bats, insect-eaters, deer, and most of the carnivora are unprovided with the cæcum. Lastly, among the rodents the organ is enormous and much larger than the stomach.

"Anatomists have been struck with the glandular structure of the tissue of the appendix. This organ is not made to receive aliment, nor to absorb any soluble products. On the contrary, *it pours into the large intestine a liquid* which evidently contributes its part in the chemistry of digestion.

"The appendix is not, then, the useless organ of which the surgeon dreams of ridding humanity, and we may still put in the far future this nightmare in which we see our babies submitted to the bistoury to have their tiny appendix resected.

"Moreover, is not this pretence of *correcting a forget of Nature* ridiculous and almost intolerable? Where else does Nature deserve a reproach? It is true it is maintained that the appendix is a herbivorous organ, and it seems a piece of astonishing wonder to find it in omnivorous man. But we forget that, in fact, man is no more omnivorous than carnivorous or herbivorous. *His teeth, his digestive structure, are exactly those of the frugi gramnivora*; now, never—understand clearly—*never has the ape been seen to eat animal flesh, and yet, like the carnivora, he is unprovided with an appendix*. As for the anthropoids, who also abstain entirely from flesh, they are provided with the same cæcal appendage as man. Who, then, is at fault here, the animal or the man?

"Is it not more reasonable to think that the presence or absence of the appendix permits no conclusion relatively to the alimentary type of an animal? Of substances that have been blamed for bringing on an attack of appendicitis we have oysters, fish bones, enamelled tin lining of saucepans, &c.

"As for the stones of cherries and plums, grape seeds, haricots and lentils, popular opinion has more loudly blamed them as the criminals.

"Some years ago one of my pupils was dying of appendicitis (it was called peritonitis at that period). Shortly after, his brother came to me, coming out from a class of dietetics, and said to me: 'Are there really any people who have the wretched habit of eating haricots? And you, sir, do you, in your teaching of hygiene, allow anyone to consume a dish which, a hundred times in one meal, exposes us to death?' Disturbed with this outburst, I learned that, while operating on his brother, the surgeon had found a haricot in the appendix. I tell you I vainly tried to defend the inoffensive legumen.

Quite full of his idea, he left me with these words: 'It is madness to eat haricots—I shall never use them; besides, in my family we have all taken the same resolution.'

"*Haricots and lentils* have been consumed for such a long time past that it is impossible to attribute to them any share in the extraordinary number of deaths from appendicitis which our modern statistics register.

"*Cherry Stones*.—You may know among the country folk they don't often take the trouble to separate the stone from the delicious flesh when they are eating the fruit off the tree, and it is here that appendicitis is rare.

"In many cases the foreign body met with in the appendix is but a simple concretion of fæcal matter hardened in the cæcum, and introduced under some influence or another into the appendicular cul-de-sac.

THE MICROBE IN ITS RELATIONSHIP TO APPENDICITIS.

"I should not have thoroughly examined this question of causes if I forgot to mention the very great importance which has been given to the inevitable microbe.

"I do not wish to belittle microbiology. Still, I have the right to remark that this science is sometimes embarrassing. Have you not observed that the *microbe* has become the *one fact* for everybody, as if it had in some way become public property? Does this prove that we know all about it? Certainly not, for if it is a question of what it is, whence it comes, whither it goes, nobody really knows it, at least nobody among the people who talk so much about it. The microbe pleases all the more because of the mystery about it. The imagination is more comfortable, more free to ascribe to it the thousand-and-one inexplicable things in disease, and even in the normal life. Thanks to the microbe, we can give ourselves the airs of scientists on matters of which we are utterly ignorant. Is it much use to study, we say, the anatomical structures, the chemical properties, the physiological functions of the human body? Is it not enough to look at this organism as an inert vase in which we see acting, living and quarrelling microbes? You are ill! Nothing more easy to understand—you have caught the microbe of illness. You are well—so much the better, you have no wicked microbes

in you, and if you digest well it is because you are sufficiently stocked with a beneficent microbe which brings you the precious contribution of its digestive power.

"Very soon, I do believe, we shall not have one normal function or one organic trouble but we shall give it over to the credit of some specific microbe.

"We are taught that it is the microbe that makes us ill ; but to avoid the evident objection of the same inoffensive microbe we are also taught that it is only in morbid soil that the microbe becomes morbid. So that it follows we must be ill before the microbe can make us ill !

"In spite of all, the medical faculty has not hesitated to denounce the microbes as the essential factors in appendicular infection. To begin with, they cite the famous coli-bacillus, without which no intestine is to be found ; then the streptococcus, the staphylo-coccus, and the pneumo-coccus.

"In every case, by these causes or by others, when the infection is developed, there is fever with very high body temperature ; small and frequent pulse ; a dry tongue, alimentary and bilious vomiting, feebleness, gripings, etc. If unconsciousness develops, the pus is bathing the organ, becomes foetid and goes on to gangrene, and the fatal end is near. But, at the beginning, before these lugubrious symptoms come on the scene, the first signal of the evil shows itself in a pain limited to the right side. Then the pain appears in the right iliac cavity in the exact position of the appendix. It spreads now to the neighbouring parts, and even the leg may sometimes be numb. Very fortunately, in a great number of cases, things go no further wrong ; the symptoms amend and the invalid is rapidly cured, as after a slight attack of influenza. But relapse is frequent, and the invalids are numerous where chronic appendicitis, at first slight, ends by carrying them off.

SHALL WE OPERATE ?

"According to the statistics of Dr. Charnel relating to the Army and bearing on 181 cases of appendicitis, the mortality was raised to 32 per cent. in cases operated on and 30 per cent. in non-operations.

"If suppuration is not present spontaneous cure is almost certain. If an abscess is formed through circumscribed sup-

puration, spontaneous cure will no longer be assured, for the abscess may open into the peritoneum. Still the purulent matter may get away through the skin or by the bowel, or even by resorption or encystment. If the disease becomes general, yet slowly, it is a case where operation made in time may save life.

"What practical use can be made in clinical medicine of such a classification of cases ?

"Besides, the physician pretends he has means of relieving the disease. He prescribes *rest*, strict diet, the use of bags of ice over the iliac cavity. To my thinking, there is even a better way. A deep study of the mechanism of the use of ice-bags permits me to recommend from the beginning of the illness the use of cold vinegar compresses placed over the entire abdomen, and renewed every half hour, in place of the ice-bags. Besides, every day, during the period of violent crisis, the patient should be wrapped in a wet sheet with dry woollen blankets over it. By this means a much better eliminating effect will be obtained than with the local use of ice.

"To sum up, the impossibility of recognizing *at the beginning* of the illness the gravity of the crisis, the uncertainty of good from the operation, the real efficacy of an energetic treatment—all this tends to make us reject the systematic surgical interference which it is sought to impose upon us. Finally, we want to know if, the crisis over, and to avoid the return of yet more serious attacks, it is advisable, during this time of rest, to have recourse to surgery to operate in appendicitis ? This will certainly be advised. What do I say ? You are already advised, and you are going perhaps to yield to pressing solicitations. Well ! read the next chapter carefully ; I feel sure it will decide you to give a negative answer.

"It is with *hygiene* in this as in much else that the last word must lie.

"But, let us understand each other clearly. Hygiene, the true Hygiene, is not, as is usually believed, the art of disinfecting, sterilizing, aseptizing, antiseptizing. This ultra-simple way of understanding hygiene brings her back to a mere *massacre of microbes*, and you suspect, I suppose, that *to be well* there is nothing more than that in the business.

"Hygiene rules the actions of life, and regulates the ways of living so as to balance the organic functions, and radiate the vital powers so as to maintain or attain the incomparable treasure of health. The secret of all rational and fruitful hygiene is to be found in a happy relationship to the outer world, in an agreeable union of matter and cosmic energy; in a word, it is in a harmonious exchange, or, as we say in physiology, in a well-balanced metabolism.* This harmonious nutrition is almost impossible with the habits and passions of humanity. The stomach and the intestine, victims of the tyrannies of fashion, or of worldly prejudices, receive materials the least appropriate to their nature and activity. Are not modern menus prodigal over crabs, oysters, fish, fowls, red meat and game, generous wines, coffee and liquors, as if it were a problem how to choose the most heating materials which may breed most surely this gastric intestinal inflammation? Obstinate constipation is brought on, enlarging the cæcum more and more. Under this pressure, the appendix orifice begins to gape, ready to receive the foreign body, or the dried fragment of fæcal matter, which with the inflammation will finish the disorganization of the delicate part.

"These almost fatal *consequences of a heating and stimulating nourishment* have been magisterially exposed by Dr. Lucas Championnière, in a communication made to the Academy of Medicine of Paris, on February 19 last. Listen to the learned surgeon-chief at the hospital of St. Louis :—

"From the intestinal infections and chiefly under the influence of intestinal obstructions, the propagation of infection may reach the appendix, and there it becomes the origin of all the sharp attacks which are marked with such extreme violence. It is certain that, in the towns in which we may observe this extraordinary increase of appendicitis, the dietary has been prodigiously altered. Flesh-food has become the chief nutriment. Plain meals and fasts have disappeared almost entirely from our habits. The consumption of flesh-meats assumes extraordinary proportions. It is very remark-

* As necessary, perhaps, you might replace in this programme the things which concern the too formidable and too enigmatical microbe. If in spite of the rules of hygiene, general and physiological, being well observed, the rest will come by rapid increase, one may not be able to say whether from microbe or from the antiseptic.

able that the frequency of appendicitis is much greater in the countries where flesh-foods are even more general than with ourselves—in England and America. In the large cities of the United States appendicitis is so prevalent that one of the most eminent observers—Keen, of Philadelphia—estimates that *a third* of the population is attacked by it.

“‘I have seen a good many cases of appendicitis among young subjects who had been reared on animal food, at a period when the food should have been exclusively milk diet.’

“Going further than his illustrious colleague, Dr. Albert Robin blames not only the use of animal flesh, but the excess of nitrogenous foods, *i.e.*, eggs, or legumens (haricots, lentils, &c.).

“Among predisposing causes,” he says, “there is one which figures as an origin in a considerable number of appendicitis cases, viz., hypersthenic dyspepsia or hyperchlorhydria, in which the invalids usually consume a large quantity of nitrogenous foods, which is accompanied in most cases by a stoppage of abnormal faecal matters, the seat of irritating products and fermentation.”

“The public press is even excited by these declarations. A reporter of the Journal has interviewed Dr. Lucas Championnière, who in the frankest way of private talk has emphasized his opinion. Without daring to confess himself plainly for vegetarianism, he insists strongly on the fact that during the last forty years flesh food has increased to an extraordinary degree, that this excess has no longer any check in religious practices, which are no longer followed ON ACCOUNT OF A FATAL PREJUDICE AGAINST THE CLERGY AND THE BISHOPS by the faithful themselves. And he concludes with this important reflection, *flesh food does not create the sources of power and vigour which are ascribed to it*, and this is why we consider it as the cause of an intestinal infection which gravely threatens us with appendicitis! Any commentary would but weaken the force of this authoritative and almost official announcement. Singly, it has placed the question of appendicitis on its true ground.

“But to you who suffer seriously from intestinal troubles and who dread the blow of this terrible disease I say, in conclusion, you have the solution of the problem which is giving

you disquiet. It lies with yourself to escape appendicitis. Take the resolve to abandon the *habitual* use of flesh and animal products, and, above all, when you do resolve on this, stick to it firmly."—J. LEFÈVRE.

CASES.

I.

On Tuesday, August 20, 1907, I was asked to go and see a lady, a vegetarian, whom I found in bed. She was about 60 years of age, had brown hair and eyes. She told me that her housekeeper had been from home for a week, during which she had lived for the most part on cheese and eggs. On her return on Saturday she had for dinner curried rice with vegetables, and plum tart. On Sunday she had the same. That evening she was seized quite suddenly with pain in the region of the appendix, where there is a swelling which is dull on percussion and exceedingly tender. The slightest movement causes great pain. She was up and hobbled about the garden yesterday, but has kept bed to-day. I ordered the following: Orange juice squeezed out and strained; apple juice; apples stewed and strained; juice of grapes, expressed or Welch's grape juice; barley water; toast water; oatmeal gruel strained.

Wednesday, 21.—Going on satisfactorily. Less pain. The bowels have moved.

Thursday, 22.—Had a good night. Temperature normal. Less pain and tenderness. No movement of bowels.

Saturday, 24.—Bowels have moved several times, the diarrhoea being associated with colicky pain. Rice and whortleberry juice ordered.

• Monday, 26.—Sitting up to-day. Diarrhoea almost gone. Bananine porridge, fruit juices, grapes. All swelling and tenderness quickly subsided and she was soon up and about. I have entered this case as one of appendicitis, as I do not know quite what else to call it. There was increase of temperature and pulse, there were swelling and great tenderness in the region of the appendix, but these passed away unusually quickly. Unfortunately my notes are insufficient to give more satisfactory information.

As the diet of this lady, although vegetarian, was very defective, I recommended her the following:—

Breakfast.—Oatmeal porridge; new milk; cream; baked apples; prunes and figs stewed; plum juice; crust of bread or biscuit; placobred or wheatmeal biscuits, sweetened or unsweetened; oatmeal wafers; any fresh fruit in season such as grapes, bananas, pears, peaches, green figs, plums, apples, dates; Welch's or Reinheimer's grape juice; home-made lemonade; lime juice; caramel cereal or bran tea; salad of lettuce, endive, mustard and cress, watercress, and cucumber with honey or sugar, and lemon juice.

Dinner.—Vegetable soups and stews; tomato; lentil (Egyptian or German); brown haricot; cheese preparations, such as macaroni cheese; rice and cheese; grated cheese on cauliflower; Welsh rarebit, eaten with potatoes and a green vegetable; rice and tomato; macaroni and tomato; tomatoes and breadcrumbs; Protose; any milk pudding; stewed or fresh fruit; fruit puddings and tarts, using "Nutter" in making the pastry.

Supper.—Choose from breakfast list or may have rice pudding; stewed or baked apples; wholemeal bread or biscuits, and butter; toasted granose flakes or biscuits; macaroni cheese; grilled tomatoes on toast; mushrooms on toast; boiled Spanish onion; salad; fruit; grape juice.

II.

I received a telegram on Saturday, December 16, 1905, asking me to come as soon as convenient to a house in the country about two miles from this.

I went by the first train I could get and found my patient, a young lady, aged 18, stoutly built with fair hair and light grey eyes, in bed lying on her back, her cheeks flushed. She kept tossing her head from one side of the pillow to the other while moving her legs in a restless manner about the bed. She was in great pain and on asking her to point to the part where the pain was she pointed to the right iliac region over the seat of the appendix. Here there was extreme tenderness, so great that she could scarcely bear me to touch it or percuss even ever so lightly. There was dulness over this area, while the corresponding part of the left iliac region was free from pain and hyper-resonant.

History: She generally enjoys robust health and was as usual till Sunday last, when she ate a portion of a new cocoa-

nut and some ice-cream which she made herself. On Monday she was sick and brought up some liquid, and bile and water—a sort of watery bilious fluid, but no food. That night she went to the opera. Her mother says she must have been chilled to the bone, for *she* was nearly perished and kept her cloak on all the time, while her father sat with the collar of his coat up. My patient said she was quite warm, although she sat all the time in her blouse. Tuesday she had diarrhoea, but it was not excessive. On Wednesday she shivered, her teeth chattered. This she made fun of and in the evening she wanted to come downstairs, but was not allowed. On Thursday she went to bed, where she has since remained. She began to complain of pain in the right iliac region on Monday when she was so sick. The pain has continued since. She feels it intensely when she moves. On Friday she was given a sponge cake and some plasmon, and this morning biscuits. Her temperature rose to 104° F. in the mouth. She was given *acon*, and a substance called fibrifugo, while mustard plasters and *belladonna* and *glycerine* were applied locally. Her temperature at 10.15 a.m. was 101° F. in the mouth, pulse 112. She has not been sick to-day. She has had some orange juice, barley water and lemon and grape juice. She complains of constant aching in the right iliac region. She is very restless and is constantly sipping at cold water. Is “unwell” at present. I recommended the expressed juice of purple grapes, California Grape Juice, oatmeal gruel, Robinson's prepared groats, strained orange juice, sweetened if desired, barley water with lemon juice, stewed and strained apple and cold water; tomato juice or tomatoes in any form she cannot bear. I had only some *Bry. θ* with me, so I put two drops into half a tumbler of water and mixed a dessertspoonful of this with a tumbler of water, of which she was to have a dessertspoonful every hour.

Sunday, 17.—Pulse 104-108, temperature 100.8° in axilla, 101.2° F. in the mouth. She was sick and vomited last night. She is in much less pain this morning and slept a good deal in the night. She is very thirsty. The tongue is moist and slightly coated with a thin greyish fur. She is taking little except water. *Bry. 200* was given, 20 drops in a tumbler of water, a dessertspoonful every hour.

Monday, 18.—Almost free from pain: "It aches a little bit" she says. No sickness since last visit. She says she feels limp. She has taken some grape juice.

Tuesday, 19.—Looking much brighter this morning; scarcely any pain—only felt on movement. Slept well; been reading a good deal this morning. Temperature 99.8° F. in the mouth; normal in the axilla. Taken rather more nourishment in the form of grapes carefully skinned and stoned; the juice of pine-apple chunks, the pulp of tinned peaches, all carefully prepared so that no skin should be eaten; barley water and lemon juice, and bran tea.

Wednesday, 20.—Had a very good night, got a good deal of sleep and is practically free from pain. She thought the bowels wanted to act last night, and as she says she cannot use the slipper she was allowed out of bed and sat wrapped in blankets for a short time. She was very tired when she got back to bed and went off to sleep at once. Period is still upon her and is more profuse than usual. She has had a few clots. For food she has taken chiefly grapes skinned and stoned, and apple juice, pine-apple juice, the pulp of peaches, some barley water, bran tea and a little almond emulsion. The bowels did not act. Temperature normal in axilla; in the mouth 99.6° F. Tongue moist and cleaner than it was. She sips at cold water, takes her medicine every hour or so. She looks well in the face. Pulse 86.

Thursday, 21.—Had a capital night, says she feels very well, has practically no pain and the tenderness is much less than it was. On examination I found that she could rub her hand all over the part without experiencing pain. On percussion I found that the dulness had to a large extent gone, the tympanitic note being to a considerable extent restored, and on asking her while tapping if it hurt she said "Not in the least." Pulse 84, temperature 100.8° F. in the mouth and axilla.

I was at a loss to account for the rise in temperature. Her mother said she had washed her all over and that this had greatly refreshed her. Whether she had excited herself in any way so as to cause her temperature to rise I cannot say. She herself says she feels all right, is warm and comfortable, free from pain, and feels nothing specially amiss; she has

been talking and laughing; she looks well in the face and is plump, having lost little in weight as far as one can judge. Since yesterday she has taken little more than a quarter of a pound of purple grapes and water. She hates gruels of all kinds and cannot bear vegetable soups. I allowed her some oatmeal porridge, strained, and a banana. Continue the medicine as before.

Friday, 22. — Yesterday afternoon the bowels moved naturally, and without the slightest pain or difficulty; her mother could not tell me whether there were any hard, undigested masses of any kind in the motion, she paid no attention and consequently was unable to say; she slept well in the night and feels all right to-day; temperature in axilla normal, in the mouth 100·6° F.; pulse 88 to 92; no pain, tenderness practically gone; she had some oatmeal porridge with a little milk yesterday; told her she might have some ground rice with pine-apple juice for dinner.

Saturday, 23. — Yesterday afternoon she had a liquid stool which contained a quantity of undigested cocoanut. She told me she ate nearly half of a cocoanut the day before she became ill. She is free from pain; there is no tenderness on palpation, and the area of dulness is much less than it was. There is still, however, a certain amount of resistance over the region of the ileo-cæcal valve; she is bright and cheerful and wishes to get up. I have tried to impress on her and her mother the necessity there is for the utmost caution.

Monday, 25. — I was in Somerset yesterday seeing a patient and did not return home till this afternoon. On going to visit my appendicitis case I found her not so well. She had been allowed to sit up in bed yesterday and write a number of letters and look over a lot of presents, and notwithstanding all that I had said about the necessity there was for the utmost caution in the matter of diet she was given some sultana cake spread with butter. Her mother said, "I don't know what possessed me to do it; something came over me and seemed to urge me to give it and I did so, but I don't think there was a raisin in the piece I gave her; she seemed to enjoy it and has not complained of any pain since." She roused up from sleep as her mother and I entered the room.

There was a wild look about her and she seemed distressed. Her pupils were widely dilated ; she was restless and irritable, and tossed her head uneasily from side to side ; tongue moist ; constantly sipping at cold water and caring for nothing else ; pulse 120° ; temperature 103·8° in axilla ; face flushed.

8 p.m.—She has slept practically all day, and except for taking a little lemon water she has had nothing but cold filtered rain-water, which she sips frequently. *Bry.* 200 and *bell.* 12 to be taken alternately. These were given in the morning and have been taken all day ; she is in no pain, and complains only that she is hot ; temperature 102·8° F. ; pulse less frequent than it was. There is a feeling of moisture in the palms of the hands and on the forehead at the roots of the hair.

Wednesday, 27.—She slept till midnight ; seemed too drowsy to wake up except to take a sip of water or her medicine and go off again. After this she slept all night ; much more composed than she was yesterday morning ; pulse 100 ; temperature 101·8° F. in axilla, 102° in the mouth ; she says she is in no pain and has no tenderness ; and although there is a distinct swelling in the iliac region and a sense of elasticity and resistance she says there is no pain, and allows me to palpate and percuss it freely ; no movement of the bowels ; nothing has been taken but cold water and a little lemon water ; after the latter she felt somewhat sick but the sensation passed off ; tongue moist. Gave her half a glass of Reinheimer's white wine, which she sipped, remarking it was all right. To be kept perfectly quiet and take the "Nektar" wine freely.

Thursday, 28.—She was sick and vomited some time after she had the wine ; she did not think it was that, as it was two or three hours after she had it. Her mother and sister had gone out of the room and she got up ; the window being wide open, she knelt down in front of the fire, and it was while doing so she became sick and vomited some watery fluid and phlegm ; after this she got into bed and felt all right ; slept soundly, and at night her temperature was normal ; this morning it is normal in the mouth and 97·8° F. in the axilla ; she has taken nothing but water and her medicine since ; she says she has no pain and there is no tenderness.

Friday, 29.—Bright and jolly this morning, laughing and declaring she will be out of bed on Monday, as she has heard you will go on through the year as you begin it; she looks bright, her lips are rosy, her face full with double chin; stout in the body, no appearance of ribs showing, says she is all right; temperature 98·4° F. in the mouth, 98° in axilla. Taken just a little white "Nektar" wine since yesterday and cold water and her medicine. Her tongue is clean; says she would like a bun to eat.

Saturday, 30.—Had good night, says she feels quite fit to get up and will not lie in bed after to-morrow. She has eaten three bananas since yesterday, but nothing else except cold water and her medicines. There is now no swelling, tension, pain or tenderness over the region of the appendix, and resonance is nearly equal to that of the opposite side. Pulse 60, occasionally irregular. Temperature 97° F. Tongue moist, slightly coated. Bright, laughing, but irritable. Allowed some oatmeal porridge.

Monday, January 1, 1906. Temperature yesterday and to-day 98·4° F. in the mouth. She is bright and full of energy, eagerly waiting to be allowed up. I gave permission.

Tuesday, 2.—Found her out of bed, sitting and partly reclining on the couch with her feet up. She had a pursed-up, nasty expression on her face which I did not like, her lips were compressed, her whole face altered, all sunshine gone. This, it appears, was because I would not allow her to dress properly, I thinking she was better without the pressure of corsets and the weight of petticoats on first getting up after such an illness. She had bothered her mother, however, about it to such a degree that she had a splitting headache. When her mother had gone from the room I asked my patient what possible object she thought either her mother or I could have in refusing her anything she might wish, that she must surely recognize it was entirely for her good. After this she became more reasonable.

I asked her to take some porridge and fig or prune juice so as to assist the bowels to move, and gave *bry. 200*, as she had not taken any for some days. She would not take either of the juices and very little porridge. Yesterday and to-day she has, however, eaten six bananas, a few wholemeal biscuits and some milk.

Wednesday, 3.—This morning she took a glass of strained fig juice, some forced rhubarb stewed and afterwards a plate of oatmeal porridge. About lunch-time the bowels acted naturally, the motion was slightly constipated at first but otherwise all right. She welcomed me with a face radiant with smiles. She had left her bedroom and walked about the room in which she was and out on to the landing with the greatest ease, and went over to the open window and stood taking deep inspirations of the pure, sweet air. Not that she has been deprived of fresh air during her illness; her windows have been open night and day and any amount of fresh air in constant circulation about the room. She came out on to the balcony again and waved to me from the gallery as I left. She will probably go out for a drive to-morrow.

It is amazing how well this case has done and how well the patient looks, how plump even now she is, how remarkably little she appears pulled down! Her lips are rosy, her complexion is bright and clear, indeed her whole appearance is such that it is difficult to realize the seriousness of the illness through which she has passed. Her condition affords a fine object-lesson to those who will not give Nature a chance, who are for ever interfering with her in her methods as she carries on her beneficent work. Many a case like this has afforded an opportunity for surgical interference and many a bright, beautiful life has been thus sacrificed. Here I was not interfered with, the parents thought as I did and were as strongly opposed to operative measures being employed as I myself was, so that throughout I had their sanction and co-operation in all that was done, with the single exception of the mistake that was made in regard to her food and which I have already referred to.

She made an uninterrupted recovery. She was soon out of doors, first driving, then walking, and when I saw her some time after she said she felt perfectly well and that day had been doing a lot of cooking and ironing. She has remained well since.

III.

I was called on Monday, August 24, 1903, to see G. M., aged 17, a thick-set lad, under middle height, engaged with his father, who is a builder. He was up when I called and

came into the room to see me. His mother said he was subject to bilious attacks, which came upon him every two weeks or so. They were accompanied by vomiting, which after a day or two usually passed off. On this occasion, however, things had been different. The present attack came on on Saturday and has continued till now, so that after everything he eats he is sick and vomits. The vomit is bilious. He complains of abdominal pain. Pulse 120, temperature 102° F.

On examining the abdomen I found it tender to pressure. He winced when touched. The tenderness was not confined to any particular spot, but seemed general over the abdomen. He had felt cold and shivery. I gave him *sac. lac.* and ordered hot compresses to the abdomen; stopped all food except Welch's invalid port (a non-alcoholic wine), which he was to take one tablespoonful of with an equal quantity of hot water.

On going down the following morning I found he had no sleep during the night, the pain was very severe and was now located in the right side to the right of and rather below the navel and between it and the iliac crest. This spot was exceedingly tender. There had been no sickness since my previous visit. In the afternoon I was told that he was not so well and on going down I found he had vomited several times since last visit. The pain in the right side was very severe, causing him to call out, and his face expressed great suffering while the paroxysm lasted. He said it was a severe cutting, stabbing pain. Hot fomentations have been kept up steadily all day. The temperature in the morning was 100° F.; pulse, 112. This afternoon the temperature is 100° F.; pulse, 104. His tongue presents a curious appearance, it is fissured all over and thickly covered with a milk-white fur except at the tip. When he vomited the grape juice, lemon water was given in its place. This he has taken hot, and so far it has remained down. No desire for food, but very thirsty. In the evening I found the temperature 100° F., pulse 104. Great pain, no sleep, one stool, liquid and dark in colour as if it had been coloured by the invalid port. Continue the lemon water.

His usual diet consists of :

Breakfast.—Eggs and rasher of bacon, bread and butter, tea.

Dinner.—Meat, potatoes and other vegetables and tea.

Tea.—Tea, bread and butter, and fish.

Supper.—Cheese, bread and butter, and tea.

10 p.m.—Has had four liquid stools to-day, last less in amount. Temperature 99·8° F., pulse 100, expression of face less pained. Been sick twice since 6 p.m. Go on with lemon water.

Wednesday, 26.—Restless night, slept a little towards morning, four stools, liquid, some passed involuntarily; face flushed, in a good deal of pain, occasional retching, vomited once. Pulse 98, temperature 100° F. *Bry.* 3x. twelve drops in half a tumbler of water, a dessertspoonful every two hours. Rice gruel to be given.

9 p.m.—He has been in a nice perspiration, the sweat standing in beads on his forehead, his skin is now moist. He still complains of a good deal of pain, which comes in paroxysms, but is also there all the time. Bowels have moved twice, not been sick. Has taken two cupfuls of thick rice water just chilled. Temperature 99° F., pulse 104. Tongue less coated and red like raw beef where the fur is gone. Complains of frequent desire to urinate, with straining and inability to pass much.

Thursday 27.—10 a.m. Had considerably better night, slept three hours; pain still occurring in paroxysms, but less severe than it was. Very frequent stools, almost every half hour when awake; very dark in colour, obliged to keep cloths under him, as it passes involuntarily. Temperature 98·6° F., pulse 96. Tongue improved. Taking invalid port again and also rice gruel.

9.30 p.m.—Has had a better day, the diarrhoea is less in amount than it was, but he is still without control over the bowels. Stool very dark in colour. No sickness. Tongue beefy, much fissured, but cleaner than it was. Taken several half cups of rice gruel, some orange juice and grape juice. Pain less frequent, but pinches severely when it comes. Pulse 88, better in character; temperature 100° F. Been perspiring at times.

Friday, 28.—Had a pretty good night, got a fair amount of sleep, perspired occasionally, diarrhoea much less in quantity than it was. Pulse 88. Temperature 99·4° F. Has taken rice

gruel, orange juice and grape juice. Allowed a teacupful of half rice gruel, half milk—blood warm—every four or six hours; other things, such as rice gruel, orange juice, and toast water, to be taken between. The pain continues but is less severe. Continue *bry*.

9.30 p.m.—His mother gave him only a quarter of a cup of the milk and rice water, but he was much pained after it; it lay heavily at the stomach and caused a return of the diarrhœa, which again passed from him involuntarily, and much more in amount than during the forenoon; she did not repeat it and after a time it subsided, and he had slept about two hours at the time of my visit. He was still at times in much pain, which he says is in the right side, but he can now turn and lie on that side, which his mother says he could not do before. He has just taken a little rice gruel since. Pulse 88.

Saturday, 29.—Had a better night, little pain since 3 a.m., considerable diarrhœa the early part of the night, later on quiet and not had any action for upwards of three hours. Says he is pained before a stool. Pulse 82; temperature 100° F. Tongue very thickly coated posteriorly with milk-white fur. He asked if he might have some tomatoes, and his mother gave him some soup made of three large tomatoes, a pint of water and a little salt, boiled an hour and thickened with two teaspoonfuls of cornflour. Continue *bry*.

Sunday, 30.—Bright smile on his mother's face this morning; she says he had a capital night, that he slept pretty well all through; no pain, no action of the bowels since 10 p.m., then the stool was forming: quite different in appearance from what it had been. Tongue much cleaner, a large patch of thick grey fur has gone from the centre. He has had three cupfuls of tomato soup; it agreed with him at once. Pulse 72; temperature 98·6°. Continue *bry*. every two hours.

Monday, 31.—Looking up well this morning, says he feels fit to get up and go to work, and he now says he is very hungry, and laughingly told me he would like some beans and potatoes. Pulse 72. Temperature 98·6°. He has still occasional pain and there is a certain amount of tenderness remaining over the region of the appendix. The bowels moved at 10 o'clock last night, and once very slightly since.

Allowed granose flakes well toasted, to be eaten with the tomato soup, and ground rice with roast apples. Tongue much cleaner, all fur gone from centre.

Tuesday, September 1.—His mother says he is getting ill-tempered. He wants to be up. Pulse 56; temperature 97° F. Very occasional pain at a spot on right side midway between umbilicus and iliac crest. Tongue remarkably clean, all fur practically gone. Has taken toasted granose flakes, corn-flour, ground rice, baked apples and grape juice. One stool this morning, partially formed.

Wednesday, 2.—Excellent night, slept all through; tongue quite clean. His mother thinks it cannot have been so clean for years. He has wretched teeth, most of those in front are so decayed as to be little more than dirty, blackish-green stumps, while all about the gums there is a nasty, irritable, greenish-looking state of affairs. Bowels have acted once last night, stool formed. In addition to what he is taking in the way of food I have allowed him to-day a barley pudding made of Robinson's prepared barley, milk and a little sugar. His mother dipped some granose flakes in milk and gave him these and they have suited him all right.

Saturday, 5.—Going on all right. Up in his room yesterday and to-day, looks bright and cheerful. Pulse of good volume and stronger than it was. Tongue quite clean. Taking tomato soup as before, and other vegetable soup strained, lentil soup, rice, brown toast, fruit, milk, granose. Stools quite formed, bowels acting regularly.

Friday, 11.—Going on nicely, been out two or three times. Tongue clean; continuing food as before. I sent down some brown, white and yellow haricots for soup.

The foregoing, which was a case of catarrhal appendicitis, did remarkably well and the patient has had no return, to my knowledge, up to the present time.

IV.

In the *Lancet* of June 6 (1907?), p. 1,588, a "Case of Appendicitis with Profuse Intestinal Hæmorrhage resembling Typhoid Fever" is reported by Charles R. Box, M.D., and Cuthbert S. Wallace, M.B., B.S., F.R.C.S. The following case, which was accompanied by hæmatomosis, was said to be one of recurrent appendicitis. I do not myself believe it

was so, but rather regard it as a case of right ovarian congestion with interrupted menstruation and consequent vicarious hæmorrhage.

On Sunday afternoon, November 10, 1907, I received a letter from the mother of this patient, asking if I would go and see her daughter, who had been ill some time and who refused to take food. I called about 6.30 and found her upstairs in bed. A glance was sufficient to show that, whatever was the matter with her, she was not seriously ill, and that she was of neurotic temperament and hysterical. She was an unusually well developed girl of 19, large boned, stoutish, full, round face, lips a rosy colour, eyes large and dark, eyebrows black and heavy. A mass of black hair lay on the pillow on either side of her face. Her face had a calm, composed, dreamy, ecstatic sort of look about it. She lay quite still, her eyelids for the most part closed, but occasionally she half opened them and looked at me through long dark eyelashes. She presented a striking appearance, but there was nothing to indicate any serious illness.

According to what she tells me, her illness began in January without, as far as she knew, any cause. The pain, she says, is always aching in character; it comes on suddenly without warning, it causes her to feel faint and to drop down in a faint, as was the case in the present instance, when the attack came on while she was in church at South Taunton, in which neighbourhood she was in service. When this occurred she brought up, so she tells, about half a teacupful of blood.

After January she had the pains every few weeks in varying degrees of intensity, sometimes with a feeling of faintness, at other times actually faintly. The pain is always aching in character, but at her monthly periods it is sharper and more intense. At times she has been sick and has vomited. On asking her to point to the situation of the pain, she placed her finger on a spot 2 in. below the umbilicus and from 2 in. to 3 in. towards the right side.

She was in the Torbay Hospital four weeks. Her temperature on admission was 101° F., then it got down to 98° F., then up again to 101° F. I asked her what they said about her case, and she said the doctor in attendance "told me I was suffering from appendicitis, while the house-surgeon said it

was a tumour," and both they and the nurse told her she would not get better without an operation. I asked her what was done for her while she was there, and she said "they gave me half a pint of skim milk every two hours, nearly a teacupful of castor oil every other day, and enema of hot water every second day." Occasionally liquorice powder and *mist. alba*. They applied hot fomentations and painted the part and applied blisters. I am glad she was not called upon to undergo an operation during her stay at the hospital. The measures adopted were of the old purging and blistering sort, and heroic enough. I fear if anything else had been attempted we might have had one more to add to the long list of deplorable fatalities connected with this disease.

She remained in the hospital four weeks, and shortly after coming out she had another slight attack.

Three weeks ago she was again seized with pain in the right side while in church, and fell down in a faint. She was taken to the house where she was then in service, and a doctor from Okehampton was called in to see her.

Her mother, hearing of her illness, went from Torquay to fetch her home. The doctor was against her being moved, but she said "If she is ill, home is the place for her," so she brought her back with her.

It is Sunday, and her mother says she has not passed any water since Thursday, nor had any movement of the bowels. She refuses most of the food that is offered her.

Before I saw her she had been visited by the doctor who attended upon her while she was in the hospital, but being dissatisfied and desiring homœopathic treatment, so I was informed, they sent for me.

She complains of pain over the region of the appendix and of tenderness when it is touched or percussed. There is no dulness, but a tympanitic note there and all over the abdomen. There is no accumulation of water in the bladder. The tongue is thinly coated with a grey fur, perspiration smells strongly. Menstruation regular as to time. Her period is now due. She generally sees a great deal.

I ordered hot compresses, *kali phos.* 3x every two hours, and for food oatmeal gruel, toast water, and grapes stoned and skinned.

(To be continued.)

PLANTS AS A CAUSE OF DISEASE.¹

BY A. F. MOORE, M.D., WOODSTOCK, VERMONT.

SOME fifteen years ago, while investigating blights and moulds, my attention was called to the action of certain pollens accidentally mixed with them. Cultivated in water or on albuminous media, the fovillæ or interior cells squeezed out of the pollen cells by mechanical process multiplied prodigiously by budding in a manner similar to that of the yeast plant. But sometimes a single cell developed into a thread of mycellium like those of mould. This seldom happened in dicotyledonous plants, but quite often in the monocotyledonous class. In every preparation, after some weeks, or, in some cases, months, there were multitudes of bacilli, but none in media not having pollen inoculations, even after months of waiting. Different species of pollen produced different varieties of bacilli, some larger than others; from some species came motile bacilli, from others quiescent. I was forced to conclude that the bacilli originated from the pollen, but did not know how. Afterward, having read in the *Boston Daily Globe* of October 1, 1896, that "The State veterinarian of Wisconsin says that golden-rod is the cause of a disease resembling consumption that has destroyed thousands of horses," I treated the golden-rod pollen in the same manner as I had others, and found motionless bacilli, staining like those of tuberculosis, and of the same size and shape when stained. Some of the budding cells of the fovillæ were transformed into larger, oval, or ovoid, mother-cells, recalling to mind by their appearance the typical giant cell found in tubercles of the lungs, &c., and having inside of themselves a single row of much smaller parietal cells. The walls of the mother-cells were very transparent, but the smaller cells inside showed black under the microscope, up to 1,200 diameters with a good one-twelfth water immersion objection. Finally, the mother-cells ruptured and discharged their contents. There were some cells like those contained in the mother-cells, with the peculiar bacilli projecting from their sides (casting out chromatin threads, as cells are said to do

¹ An address before the Homœopathic Medical Society of Vermont. Reprinted from *The Chironian*.

before the process of division into two cells). Many of the bacilli seem to be produced in this way. I could get no mother-cells on albumen or blood-serum, but only by cultivation in sterilized water. The whole pollen grain stains exactly like the tubercle bacillus, taking a most brilliant colour, and is as hard to decolourize, except the lining membrane, which takes the blue counter stain.

On several different occasions myself and two others inhaled quantities of the golden-rod pollen while handling it. In each case there succeeded a few days of violent influenza, ending in a severe bronchitis.

The tabulated symptoms which the pollen produces are as follows: Feeling of malaise and weakness; chill or chilliness, alternating with heat; headache (compress wet with spirits of camphor and water relieves headache and eye symptoms); extreme prostration of muscular strength; naso-pharyngeal catarrh, cough, burning in the throat, pains in limbs and thoracic oppression. Eyes injected, watery, burning, stinging; nares irritated, with secretion of abundant mucus; paroxysms of sneezing. (Inhalation of the pollen has caused hæmorrhage from the lungs in phthisis, and I found the peculiar cells of the pollen in the discharge.) Moderate fever; pulse accelerated; loss of appetite; diarrhœa of slight dysenteric character. Bronchitis; cough with abundant (purulent) expectoration, may be bloodstreaked; oppression of breathing.

In one case the nasal secretion, well-stained, showed pollen grains of golden-rod, numerous well-stained bacilli resembling those of tuberculosis, and leucocytes loaded with well-stained bacilli. It seems probable that the water contained in mucus causes it to be a good culture medium for the pollen, in which it is able to grow mother-cells and bacilli in the bronchial tubes and lungs; but the frequent clearing out of the nostrils prevents the formation of tubercles in that locality.

When these experiments will have been verified by others, not so much stress will be laid on dust of the streets, and more on extermination of the golden-rod, beautiful though it may be. Possibly, then, the Bureau of Animal Industries will examine the different varieties of pollen found in the home of the anthrax bacillus, and arrive at some means of banishing the pest.

That the bacilli are produced by the pollen (chromatin threads) and are not mere contaminations seems to be proved by the fact that each variety of pollen is accompanied in cultivations by a bacillus peculiar to itself and only that, and that cells are actually seen casting them out. That those of golden-rod stain like true tubercle bacilli and are like them in size and form goes so far in proving them to be the original tubercle bacilli.

As to further evidences of a connection between plant-life and tuberculosis, let the following facts and inferences show: The pollen of the racemed varieties of golden-rod injected into the abdomen of rabbits under as nearly aseptic conditions as may be obtained, produces cream-coloured tubercles of the liver, which are aggregations of coccidia or plant-cells derived from the fovillæ or cells contained in the pollen granules, and which are trying to live in the animal tissues. These coccidia, with their many nuclei in a cell, and their chromatin threads also, stain exactly like tubercle bacilli under the same process. The control rabbits used in these tests had none of the tubercles or coccidia. The coccidia, or plant-cells, produced in the tubercles of the liver by the pollen of golden-rod resembled "giant cells" found in the tubercles of true tuberculosis; but in the arrangement of their nuclei they resembled more nearly those in the giant cells of sarcoma in not being disposed at the margin of the cell, though in the growing parts of the stalk of the golden-rod plant itself the arrangement is similar to that of the giant cell of tuberculosis. Tubercles produced by the pollen of golden-rod in the livers of rabbits finally disappear, and the coccidia composing them wander into the tissues and become solitary. In healthy individuals they probably become obsolete or obliterated; but in sickly ones they might become the central giant cells of typical tubercles. In the cells of one tubercle produced by the pollen were groups of raphides or minute crystals of carbonate of lime, similar to those found in the cells of the stalk of the golden-rod plant. The chromatin threads found in the coccidia or plant-cells of liver tubercles produced by pollen of golden-rod behaved under similar staining processes exactly like tubercle bacilli. They are as clear cut and well-defined with either Koch's original stain of methylene blue and Bismark brown, or carbol-fuchsin and methyl blue.

No chromatin threads that have been experimented with except those of golden-rod are stained like the tubercle bacillus. Different kinds of pollen, also of plant-cells, were sealed up in pure water and in sterilized water, and were kept thus sealed for months and for years, and have multiplied prodigiously, but never produced any kind of microbe or bacillus that staining processes detected except chromatin threads peculiar to their kind. Some of them were exhibited to Professor Lindsley, at the State laboratory in Burlington, before his death, and he pronounced what appeared to be bacilli to be true chromatin threads of the plant. I have now specimens of these chromatin threads, which have lived and grown outside of plant-cells with which they are sealed up and from which they came, and some of them are the same which Professor Lindsley saw. The query has been suggested to my mind many times during these investigations: Are bacilli nothing but chromatin threads normally found in cells of plants, but able to live outside the cells? I have found by repeated tests that they do thus seem to live, and when the cell dies from lack of nourishment in its vicinity or from old age the chromatin threads are released and live on and grow, though up to this time there has not been a microbe in the cultivation at any time during the months of investigation. I have cells from the leaf of the golden-rod, put up in sterilized water in a shellac cell about eleven years ago, and which present all the characteristics mentioned above—free mother-cells, bacilli and all; and yet there is nothing in it but the cells and what appear to be, and have been pronounced by Professor Lindsley to be, chromatin threads. And yet those chromatin threads have lived and grown outside of their normal place in plant-cells in this slide, except such as are yet inside the unbroken leaf cells.

I have arrested and apparently cured cases of tuberculosis of the lungs with *iodoform* and intercurrent remedies, but in my own case the second attenuation of the tincture of *solidago* cured the repeated colds of tuberculosis better than anything else I could find in the *Materia Medica*. And finally, by the use of that and *fer. sulph.*, after I had become so weak that I could hardly walk around, with no other remedies, I find myself free from the disease after a slight hæmorrhage and

raising a quantity of bacilli. A number of examinations of my sputum since show no bacilli.

I have arrested the disease and had the patients remain apparently well for three, five, or, perhaps, ten years, and finally die of the disease. In one case it was one of Dr. White's "economic cures," in which the patient was not entirely free from bacilli, but able to support herself and do the hardest kind of house work for some years. Another case apparently free from bacilli died of the disease some ten years after.

These facts and considerations have led me to the query as to whether or not the tubercle bacillus was like the gonococcus, at times latent in the system and waiting for a storm and stress in the organism to start it into active life again. If it will remain inactive in cattle, why not in man? If a person has once had the disease, is he any more sure of a perfect and absolute recovery than he would be from an attack of gonorrhœa?

There is another side to this disease which I have presented before and wish to present again with an addition. The statement of the State veterinarian, of Wisconsin, quoted above from the *Boston Globe*, "That golden-rod is the cause of a disease *resembling consumption* that has destroyed thousands of horses," has a bearing on it; also, the fact that the pollen of golden-rod has produced a very serious "hay" fever in many of my patients, as well as myself, and often produces a first-class picture of La Grippe, for which last in the genius form it is the very best remedy. But I have found, of late, that *iodoform* 2 or 3x from the saturated tincture, antidotes the poison of the golden-rod. *Iodoform* is also the best remedy, by far, that I have found to arrest pulmonary tuberculosis, *per se*, that is to antidote the poison of the tubercle bacillus. It has never failed to help my cases when faithfully and persistently used. (*Bromine* 6 for hepatization and fibrosis.)

Is there any connection between golden-rod and pulmonary tuberculosis? How about the foregoing statements about producing tubercles in the livers of rabbits by injecting the pollen of golden-rod? I have seen tubercles appearing the same in cattle slaughtered on account of having tuberculosis. Cultivation of the pollen and also of the cells of the leaves of

the golden-rod plant show bacilli staining like tubercle bacilli. Again, I ask, is there any connection between golden-rod and pulmonary tuberculosis? I have tried many kinds of pollen, and that of golden-rod is the only one I have found the outside membrane of which will stain in the same manner and take the exact colour of the tubercle bacillus, while the inside membrane showing at the openings in all cases takes the contrast stain of methyl blue. The chromatin threads of the cells of the plant will multiply outside of the cells and will stain the exact colour of tubercle bacilli. I have verified these statements over and again. Is there coincidence in this case, or cause and effect? Why does *iodoform* antidote the poison of both the golden-rod and the tubercle bacillus? Let him that doubts the facts here stated try the experiments and he will at least, be astonished at what he finds. If anyone will keep the pollen of certain plants in cultivation in sterilized water on a slide sealed with vaseline for months, he will, in many cases at least find no "contamination" with bacteria until *after* some of the cells die. Then, in their places, he will find, not bacteria of putrefaction, but bacilli peculiar to the kind of pollen. These are, undoubtedly, the chromatin threads which have to do with the reproduction of the cells and are very tenacious, both of life and of staining fluids. Here is the whole field of exploration in a new country, for anyone who has tastes in that direction.

"CHRISTIAN SCIENCE!"

By J. ROBERSON DAY, M.D.LOND.

"CHRISTIAN Science," falsely so-called, has claimed many victims, and the latest was a charming little girl, aged 9, who passed away to-day (May 12, 1909), after a few days' illness. She was one of twins, and both the sisters were typically healthy and well developed. I used to attend them some years ago until the mother became a "Christian Scientist." On April 19, 1909, I was asked to see her by the governess (her mother being away from home) because she had a rash. It proved to be measles, and she had a mild attack with no sequelæ, only a slight bronchial catarrh and no involvement

of the alimentary canal. I attended her for a short time and then left (April 28), with instructions to avoid the east winds which were then prevailing.

Her mother at once returned home when she heard what was the matter, and before doing so telephoned that she would prefer her little girl should have *no medicine*. This wish I disregarded. I predicted the twin-sister would have measles in about a fortnight, and requested that I should be informed when this occurred. The mother, however, said she did not see any reason *why* the child should have measles; "if we did not talk about it and expect it, she would be all right," &c., &c.

In fourteen days she *had* measles, and I was *not* sent for! I mention these details because they serve to explain the peculiar way in which the reason became affected by the subtle influence of this latest craze. Here we have an instance of a lady of education and in affluent circumstances so obsessed with the idea that disease originates in the *mind*, and pain is non-existent, &c., &c., that all the fruits of medical science are to be disregarded, and doctors and medicines to be avoided!

Had the mother been at home when my little patient had the rash, in all probability I should not have been called in at all. Such were the events leading up to the fatal illness to which I was summoned on May 9, and then only through the insistence of the father, who had been feeling very uneasy about his child.

The history of the illness, as far as I could gather, was as follows: On the previous Wednesday (May 5) she was supposed to have taken a chill and was seized with much pain and diarrhoea, and also a little vomiting. This continued with varying severity, but I was not sent for, nor was anything apparently done. On Saturday (May 8) she looked so bad that her father became uneasy, and in the evening a telephone message came requesting me to see her, but, as I was out, a visit in the morning was requested. Early on the morning of Sunday, May 9, a message came asking me to come at once. I reached the house at 8.30 a.m. to see the little girl far advanced in peritonitis, lying on her back, with legs drawn up, moaning with a catching pain in her breath, respirations 40

per minute, thoracic in character, the abdomen was moderately distended and everywhere tympanitic, and so tender that deep palpation was impossible. The tongue showed the papillæ markedly prominent and was slightly mapped at the edges, but was moist. The expression of the face was typical of acute peritonitis—a pinched, drawn expression, so different from the chubby little face I had been familiar with.

There was no vomiting and liquid nourishment was being well taken. The bowels had acted the previous day at 4 p.m. She pointed to the umbilical region when asked where the pain was. There was no cough, and the shallow, frequent respiration with the catching sound in her voice was the result of her efforts to keep the diaphragm still. The pulse was rapid, but the sounds were normal—144 per minute. The urine was freely secreted, clear but high coloured.

The temperature was 103. I prescribed *bell. 3x* and *merc. cor. 3x* alt. two hours and locally *bellad.* and *glyc.* to the entire abdomen with hot fomentations, changed every two hours. Diet to be milk, whey, Valentine's meat juice. At 1 o'clock I found the pulse 160, and at 6.30 her condition was not improving and so grave that I asked Mr. Knox Shaw to see her at once. We met at 9 p.m., and he fully confirmed my view of the case and that the favourable time for operation had long passed. However, in view of the abdominal distension he suggested a laparotomy to let out the purulent fluid which was probably there and might do good, and give her a chance. The parents were averse from an operation and suggested a third opinion before consenting, so the senior surgeon of one of our metropolitan hospitals was called in; he happened to be at home and was communicated with by telephone, and in a short time motored to the house. His view of the case did not coincide with ours. The rapid and catching breathing suggested pneumonia and a pneumococcic infection, a possible sub-phrenic abscess forming, and we certainly did find some friction at the extreme base of the right lung in the midscapular line. He therefore advised waiting until this sub-phrenic abscess formed and localized itself. The parents naturally fell in with this advice, and it was decided not to operate. Simple fomentations were substituted for the belladonna fomentations and the treatment was continued.

She passed a restless night, never sleeping longer than fifteen minutes at a time, and in all only had one hour and forty minutes' sleep. There was a good deal of moaning and restlessness, at times complaining of feeling sick and bringing up flatulence which seemed to give relief, but no actual vomiting. She also passed flatus per anum.

In the morning (May 10) Mr. Shaw kindly saw her again with me. There was no improvement in the condition, the dorsal decubitus was maintained and the abdomen slightly more distended and exquisitely tender all over. The expression of her face showed the gravity of her condition. The temperature continued about 103 and the pulse 140 to 160. *Bryonia* 3x was now given every two hours, and in the afternoon she appeared easier and passed an offensive light yellow relaxed motion. This showed there was no intestinal obstruction. Dr. Hare kindly met me in the afternoon and obtained a specimen of the blood and urine, in neither of which, however, was he able to detect any micro-organisms; there was however, marked leucocytosis, as seen in his report:—

| | | | | | | |
|------------------------|-----|-----|-----|-----|-----|--------------|
| Red | ... | ... | ... | ... | ... | 4.270000 |
| White | ... | ... | ... | ... | ... | 15,000 |
| Polynuclear leucocytes | ... | ... | ... | ... | ... | 78 per cent. |
| Eosinophiles | ... | ... | ... | ... | ... | '23 " |
| Large Lymphocytes | ... | ... | ... | ... | ... | 9 " |
| Small | ... | ... | ... | ... | ... | 11.75 " |
| Hæmoglobin | ... | ... | ... | ... | ... | 90 " |

Next day (May 11) her condition was worse; the bowels now acted frequently, causing much restlessness before the action, followed by temporary calm and relief, when she would doze for a few minutes. The pulse was more frequent and difficult to count, thready, at one time (4 p.m.) the temperature 104. *Lachesis* 6, every two hours was now given, and as there was a good deal of distress caused by the frequent action of the bowels, I ordered 3 minims of laudanum in starch as an injection the last thing at night.

There was much moaning and restlessness through the night, and when I saw her next morning (May 12) she was in *articulo mortis*, temperature having fallen, hands cold and moist, unconscious. She passed away soon after.

Later in the day I obtained permission to make a *post-mortem* examination and found, as we suspected, the cause

originated in the appendix, which was unusually long and intensely inflamed at its extremity, free from adhesions, covered with injected arborescent vessels, and lying in the right iliac fossa. From this the inflammation had evidently extended to the entire peritoneal cavity. There was a quantity of sero-purulent fluid, and between the coils of intestines, which were distended with flatus, was purulent lymph. I removed the appendix and submitted it to Dr. Hare for examination. He found it contained pus and was perforated, and when he opened it with the scalpel the pus spurted out.

By way of contrast I will now briefly record another case of acute appendicitis which I saw earlier in the year, and am thankful to say made a very successful recovery without operative measures.

On January 14, 1909, I was asked by a lady who was *not* a "Christian Scientist" to see her little daughter, aged 12, who had been seized with sudden pain in the abdomen, with vomiting and diarrhoea the previous evening. I was told she was out walking in the morning (January 13).

I found her in bed with a temperature 100.4° F., with pain and tenderness at McBurney's point, and prescribed *bell. 3x* and *merc. cor. 3x*. alternate doses every two hours, and a diet of peptonized milk and barley water. Next day I found her pulse 100 and temperature about the same. The bowels acted once in the evening.

The following day (January 16) I visited her and found she had passed a restless night, with vomiting, and the pain had increased over the cæcum. The pulse varied from 120 to 124, and the temperature rose to 103.2° F. in the evening. I now ordered hot fomentations with belladonna and glycerine locally, and continued the medicines and diet as before.

On January 17 the temperature showed signs of falling, and the pulse kept steady at 84. The bowels acted twice.

On January 18 temperature was 100.6° F. in the morning, rising to 103° F. at night, the pulse keeping 84. There was less tenderness and pain but the muscles over the cæcum were kept rigid.

On January 19 the temperature fell to 99.2° F. and only rose to 99.6° F. at night, and all symptoms were improving, and on January 20 temperature fell to 97.2° F. and continued

subnormal some days, the patient steadily improving, having a daily action of the bowels, without pain. Convalescence was uninterrupted and she has since been in perfect health. I have had an opportunity of examining her this month (May) and the abdomen is perfectly normal.

One cannot help comparing these two cases; the former, allowed to be without medical treatment, her pains and sufferings made light of according to "Christian Science" ways, and when the appalling aspect of the child compelled the parents to seek medical aid, it came too late, and within a week the little life was sacrificed. In the latter case medical aid was promptly sought, the serious nature of the case recognized and the appropriate treatment applied, and within a week this little girl was convalescent and out of danger, and to-day perfectly well.

The followers of "Christian Science" by their action put themselves outside the pale of civilization. Our hospitals, our medical schools and all our learning, the self-sacrificing lives of so many who are still grappling with disease, and the problems of life and death, are nothing to them! Was there ever such a delusion?

The case first described is one of the saddest I have experienced in my practice, and I feel it a duty to publish it as widely as possible as a warning to others. I should like to have this sad story told at every "Christian Science" meeting, firstly in America—the birthplace of this delusion—and secondly throughout the length and breadth of our land, which is becoming infected in the same way. I have met with "Christian Science" before in my practice, but I cannot claim any profound knowledge of its *modus operandi*. I in common with my profession judge it by its *results*. We know the wonderful effect of mind upon the body, and no doubt many functional derangements of the nervous system are benefited by an exercise of the will, which so often needs strengthening in these cases. But when we read in their books that we owe *nothing* to the medical profession, that all the knowledge of the ages is to be lightly brushed aside—physicians, surgeons, specialists in various branches of disease, all the recent work in bacteriology, the whole gamut is to go, even the well-trained hospital nurse has to give place to a "Christian Science"

nurse,—I once met one in attendance on another of my patients, who returned to me when at death's door from "Christian Science"—a more ignorant and deluded creature one could not meet in a day's journey! I say when such extravagant claims are made, the sober mind recoils, and one is filled with pity for these poor deluded mortals, who are beyond the reach of argument.

In America I understand the Christian Churches are now establishing places for healing the sick (by faith), but they very properly keep in close touch with the medical profession, who are always consulted as to the selection of the cases likely to benefit by this treatment. America provides many such suitable cases, neurasthenias, &c., largely induced by the terrible hurry of American life, with its Wall-Street and dramatic changes in fortune.

All this is very well, but we know *it is impossible* to dispense with the special knowledge which is provided by the medical profession, and it is a wise policy when it is invoked early. We *know* the importance of early diagnosis of diphtheria, the many forms of abdominal pain (including these cases of appendicitis), the various fevers, especially enteric, &c. It is far wiser policy, if the public only knew it, to send too early and too often. It is easy to stop the beginning of the flood, but where it has gone on unchecked who can stay it?

Hospital and Provincial News.

. The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division, we would point out that this section is reserved for :—

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

PHILLIPS MEMORIAL HOSPITAL, BROMLEY.

THE number of patients attended in the various departments of the institution reached a total of 674, while the total number of out-patient attendances amounted to 2,403.

Of the 115 cases treated to a conclusion in the wards of the hospital, 67 were discharged cured, and 37 improved in a greater or less degree. In addition to these, 12 remained in at the end of the year who had received partial treatment, and there were 11 on whom dental extractions under gas were performed, besides 17 casualties and cases of minor operation and emergency which received attention in the hospital but were detained less than twenty-four hours.

Forty-two operations were performed during the year, and the services of the Honorary Consulting Surgeons, Mr. Knox Shaw and Dr. Burford, were again kindly rendered on several occasions. There were seven deaths in the hospital, representing about 6 per cent. of the in-patients admitted.

The number of visits to the homes of patients amounted to 702, and 113 new home patients were registered as having received the benefits of this department.

At the dispensary 406 new out-patients were registered, involving a total of 1,673 attendances.

We are pleased to be able to state that amongst other means of perpetuating the memory of the late Dr. Madden, the future endowment of a bed in the Hospital—already named the "Edward Monson Madden" bed—will ensure that his

name shall be permanently linked with the institution he had so large a share in organizing and carrying on, and of whom it may be truly said the hospital never had a more constant and loyal friend. A fund is being raised for this purpose.

Therapeutic Digest.

ACETONÆMIA IN A CHILD TREATED BY SENNA.—DR. Léon Vannier relates the case of a child, aged $2\frac{1}{2}$, who was brought to him with a strong odour of acetone in the breath, and who two days before had been suddenly attacked with vomiting of food and bile, and diarrhoea of frequent liquid stools of very foetid odour and deep colour. When Dr. Vannier saw him the patient was prostrate and sleepy, the face uniformly red, the pupils dilated, pulse rapid, 160, respirations 88, temperature 40° C. Some fibrillary twitchings were noticed in the face, and spasmodic contraction of the arms, infrequent spasms elsewhere. Some rhonchi and subcrepitant râles here and there at the base of the lungs. The liver large, three fingers breadth below the false ribs, and very tender, the least pressure causing the patient to cry out. Urine very scanty during the last two days, a specimen taken the same evening gave the reaction for acetone and showed traces of albumen. The patient was dieted with milk and Vals water, and was given *senna* 6. Improvement in the amount of acetone in the urine and breath was soon noticed, and the liver became of normal size and painless, the albumen ceased to appear, and the somnolence and twitchings stopped. In about ten days, during the whole of which time *senna* 6 or 12 was taken, the acetone had entirely disappeared and the child was well.

Dr. Vannier asks: "Is there a homœopathic treatment for acetonæmia?" and replies: "Yes, without any doubt, and the appropriate remedies will be those which cause in a healthy man hyperacidity of the urine, the appearance of acetone in the urine, as well as the principal manifestations of acetonæmia, viz., vomiting, convulsions, the usual organic symptoms. The list of these medicines will be short: *acetic acid*, *arsenicum*,

carbolic acid, calcarea mur., causticum, euonymus, and senna." The indications for *senna* he gives as prostration, fainting, constipation with colic and flatulence. Liver enlarged and tender. Density of urine increased, hyperazoturia, oxaluria, phosphaturia and acetonuria.—*Revue Homœopathique Française*, December, 1908.

POISONING BY EPSOM SALTS.—There are six cases on record of poisoning by Epsom salts, five of which were fatal. To these Dr. Charles Fraser adds another non-fatal case, which is reported by him in the *Lancet* of April 24. He was called to a little boy, aged 3½, who had taken a heaped-up teaspoonful of Epsom salts in mistake for sugar. A few minutes after taking it he began to retch and to have pain in the stomach, which continued all day. In the evening the abdominal pain became very severe and actual vomiting occurred. There was distressing thirst; no action of the bowels. *Castor oil* was given but immediately rejected. Pain and vomiting continued all night and next day till Dr. Fraser saw him at 2.30 in the afternoon. He was then very ill, lying in bed on his back, with pinched face, sunken eyes, and pale skin. Mind quite clear. Every two minutes colicky attacks occurred. Temperature 100.5° F.; pulse 160, small; tongue very dry with prominent papillæ; intense thirst; constipation; only ½ oz. of urine had been passed in twenty-four hours. The abdomen was distended and rigid and the skin very hyperæsthetic, rendering palpation difficult. Tympanites in epigastric region; dulness in hypogastric and iliac regions. There was vomiting every few minutes of small quantities of greenish yellow stuff, which had no characteristic odour; the bowels remained unopened. He became worse through the following night, and at 2.30 a.m. the pulse was uncountable. The symptoms being suggestive of acute peritonitis he was removed to hospital and laparotomy was performed. On opening the abdomen by a central incision the intestines floated up into the epigastrium. About 2 pints of blood-stained serum were let out; no lymph; no smell. The pathologist reported the blood-stained serum to be sterile. The appendix was healthy; no cause for obstruction was found. A rubber tube and gauze plug were left in the wound

to drain away the fluid. For the first twenty-four hours after the operation the child was very restless, vomited frequently, at first bright green stuff, afterwards yellow. No fæces or flatus passed in spite of enemata; constant thirst; quantities of blood-stained serum continued to drain away. Child moribund; fed on albumin water and brandy; rectal saline not retained. During the second twenty-four hours: child still moribund; pulse practically uncountable; saline into subcutaneous tissues of axilla given, after which the child seemed better and slept; $\frac{1}{2}$ grain of *calomel* was then given every hour. In the afternoon flatus and fæces passed; catheter drew off 1 oz. of urine. From this point he made a rapid recovery.

Epsom salts have no corrosive properties, and the laparotomy showed no sign of true peritonitis. The salts seem to have caused a vasomotor paralysis of the vessels of the splanchnic area, and the all but fatal collapse was due to the patient bleeding, so to speak, into his own arteries, the engorgement of which was so great as to give rise to copious transudation of blood-stained fluid. What saved the child's life was without doubt the saline infusion into the subcutaneous tissues of the axilla. The laparotomy and the *calomel* were, in our opinion, both worse than useless.

Besides the vasomotor paralysis of the splanchnic area there was also in this case paralysis of the muscular coats of the bowel. These conditions were most likely due to the same cause, viz., to shock caused by the irritant action of the salt on the nerve-endings in the stomach wall. In three of the fatal cases recorded death appears to have been from syncope, the result of shock produced in this way.—*Lancet*, April 24, 1909.

Reviews of Books.

A Manual of Practical Obstetrics. By Frederick W. Hamlin, M.D., Professor of Obstetrics to the New York Homœopathic Medical College and Hospital; Obstetrician to the Hahnemann Hospital, &c. New York: Boericke and Runyon.

This little book is intended as a *vade mecum* for ready reference for the professional man. It is arranged alphabetically according to subjects, beginning with "abortion," and ending with "Walcher's position." The matter is well chosen and presented in a manner easily adapted for reference. It is also generally up-to-date, and gives the usual old-school remedies as well as brief notes of those used by homœopaths, with their indications. There is a concise account of antiseptics as usually practised, which amongst others includes a notice of the *permanganate* and *oxalic acid* method of hand disinfection. A good and practical section on the mechanism of labour and the various presentations is a valuable feature of the manual. The various diseases and mishaps common in pregnancy each receive notice, and a few brief but practical suggestions are given. The book may be useful to the practitioner, but we think it better adapted for the senior student, who will probably use it as a cram book for examinations. It should also prove valuable for obstetric nurses.

Food Remedies: Facts about Foods and their Medicinal Uses, and the Healthy Life Cook Book. By Florence Daniel. London: C. W. Daniel, 11, Cursitor Street, E.C.

These little books, by the same authoress, are two of the "Healthy Life Series." The former deals with various simple fruits and vegetables, their various uses in health and illness, and the different ways of administering them. A useful index is supplied, suggesting those most suitable in various diseases. The directions are simple and reliable. The second book is a miniature "cookery" book, dealing with vegetable products, milk and eggs. It is practical and should be helpful to young housewives, and especially to the working classes. We wish

such books were taught from and used by teachers in schools. If such were systematically done, there would be less driving of working men to "pubs" and clubs through bad cooking in their houses. If some wealthy philanthropist could be persuaded to give a copy of each to every young woman setting up housekeeping, the community at large would undoubtedly benefit.

Notices, Reports, &c.

BRITISH HOMŒOPATHIC CONGRESS, 1909.

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The HON. SECRETARY.

The HON. LOCAL SECRETARY.

GILES GOLDSBROUGH, M.D.

J. GALLEY BLACKLEY, M.B.

E. A. NEATBY, M.D.

JAMES JOHNSTONE, M.B., F.R.C.S.

WE have much pleasure in directing special attention to the circular issued by the Hon. Secretary, 29, Seymour Street, Portman Square, W.

"DEAR SIR,—The Annual Congress will be held this year in London, at the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, W.C. (by the kind permission of the Board of Management), on Thursday, July 1.

The Presidential Address will be delivered at 10 o'clock a.m. punctually, entitled: 'After Forty Years, a Retrospect,' by Thomas Wesley Burwood, L.R.C.P.Edin., &c., Consulting Physician to the Ealing and West Middlesex Homœopathic Dispensary, formerly Physician to the London Homœopathic Hospital.

Any strangers, ladies as well as gentlemen, who may desire to hear the President's address will be welcome.

The Council having approved the Minutes of the last Congress recommend them for confirmation by the Congress.

The subject selected by the Council for the papers and discussion is : 'Tuberculosis.'

The first paper, entitled : 'The Therapeutics of Tuberculosis in General,' will then be read by Charles Edwin Wheeler, M.D.Lond., B.S.Lond.

The second paper, entitled : 'Pulmonary or Respiratory Tuberculosis,' will next be read by Alfred Midgley Cash, M.D., C.M., of Torquay.

The Congress will then adjourn for Luncheon at 1 o'clock to the Imperial Hotel, Russell Square, W.C. The Homœopathic Practitioners in London and the neighbourhood invite the other Members of Congress to be their guests on this occasion.

The Congress will re-assemble at the London Homœopathic Hospital at 2.15 punctually, when the third paper, entitled : 'Abdominal Tuberculosis,' will be read by George Burford, M.B., C.M.Aberd., Senior Physician for Diseases of Women at the London Homœopathic Hospital.

The fourth paper, entitled : 'Tuberculosis of Skin and Glands,' will then be read by Harold Wynne Thomas, L.R.C.P.Lond., and M.R.C.S.Eng., Physician to the Phillips Memorial Hospital, Bromley, Kent.

The discussion on the four papers will now follow.

After the discussion is concluded (about 4 p.m.) the Congress will take up the formal business, viz. : (1) The place of meeting of Congress for 1910; (2) the election of President; (3) the election of Vice-President, of the Hon. Secretary, of the Hon. Treasurer, and of the Hon. Local Secretary; and (4) any other business that may be competent. This will conclude the proceedings.

N.B.—Should the President consider that there is time before the adjournment for lunch to commence the discussion on the first two papers, or to have the third paper read, the Council leave this to his decision.

The Congress will then be entertained at afternoon tea, at the kind invitation of the Board of Management of the Hospital.

The Members of Congress, with their friends, ladies as well

as gentlemen, will dine together, at 7.30 o'clock, at De Keyser's Royal Hotel, Victoria Embankment, E.C. (close to Blackfriars Bridge and Station).

The Subscription to the Congress is 12s. 6d., including the dinner (exclusive of wine). A dinner ticket alone, *for guests only*, is 7s. 6d (exclusive of wine).

The Council have unanimously resolved that all who reply on the enclosed Post Card that they intend to be present at the Congress, and who do not, by letter or telegram, received not later than the morning of the Congress (Thursday, July 1), state that they are prevented unexpectedly from being present, will be held responsible for the amount of subscription (12s. 6d.). This is held to be necessary to complete the arrangements, and to prevent difficulties which have arisen at former Congresses, owing to want of care and foresight.

Should you know of any colleague who has not received this circular, will you kindly let me know.

The enclosed post card is to be filled up and returned to me as early as possible, *but not later than June 15*. Of course, if any colleague cannot make his arrangements so early, the post card will be received up to the day of the meeting, but it is earnestly hoped that all will return the post card as early as possible, as arrangements for the lunch and dinner are much facilitated thereby.

I remain, yours very truly,

D. DYCE BROWN,

Hon. Sec.

P.S.—Any Member of Congress who wishes to arrange for a bedroom will please communicate with the Hon. Local Secretary, Mr. C. KNOX SHAW, 19, Bentinck Street, W."

BRITISH HOMŒOPATHIC ASSOCIATION.

THE British Homœopathic Association is going to give a *Conversazione* (in connection with the Congress), on Wednesday, June 30, at 9 o'clock p.m., at Chalmers House, 43, Russell Square, W.C.

Invitations and further particulars will be sent in due time to every homœopathic practitioner for themselves and their friends.

BRITISH HOMŒOPATHIC SOCIETY.

The eighth meeting of the Session was held at the London Homœopathic Hospital, on Thursday, May 6, at 8 o'clock. Dr. Stonham, Vice-President, in the chair. A paper was read by Dr. Goldsbrough, of London, entitled "Cases Illustrating the Problem of Dosage." Dr. Goldsbrough said that the problem of dosage was essentially one to be determined by experience, and that probably much material for forming an opinion lay buried in note-books, and would never be available. No subject was more open to controversy than the dose question. He would enunciate two general principles with reference to this subject: (1) Generalizations from individual cases on the question of dosage are fallacious; (2) the administration of every dose is in some clinical sense experimental. These principles he illustrated by a series of cases, viz.: Two cases of facial paralysis, in one of which *causticum c.m.* given in frequent doses for one day, with an interval of a week before it was repeated, brought about a speedy cure, while in the other case *causticum c.m.* had no effect, but cure was effected by the twelfth and then the sixth dilutions. He then related a case of inferior dental neuralgia which followed the extraction of a tooth, and which also so affected the supra-orbital branch of the *trigeminus* that the lady, who was aged 70, was operated on for glaucoma. This case obtained relief from *chamomilla* tablets taken during the paroxysms and *spigelia*, *mag. phos.* and *arsen. alb.* 12 taken during the intervals. An attack of influenza then supervened, which brought back all the pain, and then these drugs no longer relieved. She was almost completely cured by taking 2-drachm doses of extract of malt and unoxidized phosphorus (B. and W.) containing $\frac{1}{4}$ gr. of phosphorus to an ounce of the extract. Dr. Goldsbrough considered this to be a case where, owing to an exhausted state of the nervous system, pain has become a habit for which the only relief is to be found in improved nutrition of the nervous elements.

The next case was one of colica mucosa of four years duration, which was cured; rest, diet, and *magnes. muriatica* 30 given three times a day. This was followed by a case of acute nephritis in a boy aged 7, in which besides general

œdema there was effusion into the left pleura. He was improving under the usual drug treatment when one dose of *influenzium* 200 was given, with evident temporary aggravation of symptoms. In contrast with this a case of chronic nephritis in a man, aged 37, who had got rid of his œdema and urinary symptoms mainly by the aid of *cuprum arsenicosum* 2x, developed subsequently attacks of asthma, for which he was given *bell. φ mxxx.* every hour for several doses, with relief to the asthma and without any symptoms of belladonna poisoning occurring.

Two cases of chronic eczema in children concluded the list. In one, a girl, aged 5, with widely-spread dry eczema which had come on after vaccination, a dose of *thuja* 30 effected immediate improvement, but when this was repeated a week or so later the improvement gave place to aggravation. *Viola tricolor* then did good, and later on *thuja* 200 in single doses given at intervals of a week continued the benefit, after which a return to *viola tricolor* completed the cure. In the second case many drugs were used, but *graphites* 200 was the most effectual in curing.

A discussion followed the reading of the paper, in which Drs. Stonham, Alexander, Cooper, Eadie, Ellwood, Wheeler, Hey, and Purdom (junr.) took part, and Dr. Goldsbrough replied.

LONDON HOMŒOPATHIC HOSPITAL.

ALDERMAN AND SHERIFF HANSON and Mr. Sheriff Baddeley have accepted invitations to attend with the Lord Mayor, who will be accompanied by the Lady Mayoress, and will lay the Memorial Stone of the new Sir Henry Tyler extension of the London Homœopathic Hospital, Great Ormond Street, W.C., on June 30. Donations towards the £2,500 required for furnishing the new wing may be sent to the Secretary at the Hospital.

THE EARL CAWDOR, the Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received a cheque for £100, being an additional donation from the Treasurer of Smith's (Kensington Estate) Charity.

SUMMER POST-GRADUATE COURSE, 1909.
AT THE LONDON HOMOEOPATHIC HOSPITAL, GREAT ORMOND STREET, W.C.
FEE FOR THE COURSE, £1 IS. FREE TO MEMBERS OF THE BRITISH HOMOEOPATHIC SOCIETY.
(Apply to THE EDUCATIONAL SECRETARY, *London Homoeopathic Hospital.*)

SYLLABUS, JUNE 15 to 25, 1909.

| Hour | Tuesday, 15th | Wednesday, 16th | Thursday, 17th | Friday, 18th | Saturday, 19th | Monday, 21st | Tuesday, 22nd | Wednesday, 23rd | Thursday, 24th | Friday, 25th |
|------------------------|--|--|--|--|-------------------|---|--|--|--|------------------------------------|
| 9.30 to 10.15 a.m. | Lecture on Ma- teria Medica | Dr. Blackley | Dr. Epps | Dr. Moir | Dr. Blackley | Nose and Throat. Operations. Out-Patient Depart- ment: Dr. V. Green | Dr. Moir | Dr. Blackley | Dr. Moir | Dr. Blackley |
| 10.15 to 11.15 a.m. | Clinical Lecture Demonstra- tion (Medical) | Dr. Blackley | Dr. Epps | Dr. Moir | Dr. Blackley | — | Dr. Moir | Dr. Epps | Dr. Moir | Dr. Blackley |
| 11.15 a.m. | Lecture Demon- stration "Spiracheta pallida" in Relation to Syphilis" | Bacteriology: Dr. Hare, "Spiracheta pallida" in Relation to Syphilis" | — | Dr. McCul- loch (X-ray Therapen- tics) | — | Bacteriology: Dr. Hare (Serum Im- munization) | — | — | Dr. McCul- loch (Ionic Medication) | — |
| 2.30 to 3 p.m. | Lecture: Spe- cial Subject | Surgery: Mr. Shaw | Gynaecology: Dr. Burford | Diseases of Nervous System: Dr. Goldsbrough | — | Eye-Diseases: Mr. Shaw | Gynaecology: 2.30 to 3.30: Dr. Neatby | Ear, Nose and Throat: Mr. Wright | Physical Ex- ercises, &c.: Dr. Deane | Children's diseases: Dr. Day |
| 3 to 4.30 p.m. | Clinical Lecture Demonstra- tion | Mr. Shaw and Mr. Hey | Dr. Burford and Dr. John- stone | Mr. Wright and Mr. Eadie | — | Mr. Shaw and Assistants | Pathology and Bacte- riology. Op- sonic Index Vaccines, 3.30 to 4.30: Dr. Hare | Mr. Wright and Dr. Green | Dr. Deane | Dr. Day. |
| 4.30 to 5 p.m. | Lecture: Ma- teria Medica and Thera- peutics | Dr. Wheeler | Dr. Stonham | — | — | — | — | Dr. Stonham | — | — |

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from April 7 to May 15, 1909.

| GENERAL FUND. | | | | | | Subscriptions. |
|------------------------------------|-----|-----|-----|-----|-----|----------------|
| J. G. Ronald, Esq. | ... | ... | ... | ... | ... | £5 5 0 |
| Dr. E. A. Neatby | ... | ... | ... | ... | ... | 2 2 0 |
| Dr. O. Bodman | ... | ... | ... | ... | ... | 0 10 6 |
| LADIES' NORTHERN BRANCH. | | | | | | |
| Mrs. Jesse Haworth | ... | ... | ... | ... | ... | 2 2 0 |
| G. Faulkner Armitage, Esq. | ... | ... | ... | ... | ... | 1 1 0 |
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| COMPTON BURNETT FUND. | | | | | | Donations. |
| Anon... | ... | ... | ... | ... | ... | 85 0 0 |
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| Per the National Homœopathic Fund— | | | | | | |
| Dr. and Mrs. Clarke | ... | ... | ... | ... | ... | 50 0 0 |
| RESEARCH WORK. | | | | | | |
| Per the National Homœopathic Fund— | | | | | | |
| W. Lee Matthews, Esq. | ... | ... | ... | ... | ... | 5 5 0 |
| LADIES' BRANCH. | | | | | | Subscription. |
| Miss Cruikshank | ... | ... | ... | ... | ... | 1 1 0 |
| Mrs. Swain | ... | ... | ... | ... | ... | 0 2 6 |
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NEAVE'S FOOD.

WHEN the health and strength of the mother admit of it, there is no doubt that the food provided by Nature at the mother's breast is by far best suited for infant nourishment. Unfortunately, for one reason or another, the very large majority of modern mothers do not suckle their babies, but resort to substitutes. The problem, therefore, of discovering a food which most closely resembles mother's milk in constitution and results has long been occupying the serious attention of physicians and experts in food, and as a result of their combined labours a great variety of infants' foods is offered for our choice.

But this multitude of counsellors presents us with a bewildering mass of advice. Which shall we be wise in accepting? Fortunately we possess for our guidance a standard to which all infants' foods must needs more or less conform before they can claim to be considered as possible

substitutes for the natural food ; according to the degree to which they conform to mother's milk we can divide them into desirable and undesirable substitutes, and on the ability to reach and maintain the highest degree of conformity to the standard set by Nature must finally rest their claim and title to a perfect infants' food.

It would seem that cows' milk offers the best and most convenient substitute for mother's milk, but for three important reasons, cows' milk in its natural form is too strong, it is deficient in milk-sugar, and it does not contain as much fat-producing material as human milk. The problem before food experts was, therefore, to ascertain a formula according to which certain substances must be scientifically blended with cows' milk in such a manner as to produce a food which shall possess all the virtues of the best cows' milk, and in addition be rich in the phosphates and potash which go to form bone, and in the fat-producing materials which make the heat and energy of the body; in other words, be like mother's milk.

It is more than eighty years since Neave's Food first advanced the claim to being a perfectly safe food and a complete diet for even the youngest and most delicate infant, if used in accordance with the directions. To-day this claim may be said to be fully substantiated by both a long, valuable experience and the opinion of the most eminent physicians and analysts throughout the world; for there can be no doubt that as regards the proportion of flesh-forming albumenoids and the bone-forming salts, there exists a perfect uniformity between Neave's Food and mother's milk. "The average composition," said Dr. Bischoff, Analyst to the Royal Court of Justice, Berlin, "of mother's milk in reality resembles in a very high degree the nourishment produced from Neave's Infants' Food when prepared in accordance with the instructions, and this children's food varies according to the amount of milk added in the same way as the constituents of human milk. A protracted boiling effects the release of the non-starchy carbohydrates, so that the carbohydrates of Neave's Food are to be considered as essentially of equal digestibility to those of human milk. Under these circumstances Neave's Food can unhesitatingly be described as a valuable and

effectual food for infants, the use of which, particularly at the end of the first month of life, will be attended with remarkable results." Dr. Bartlett (who gave evidence before the House of Commons Committee on food) said, after an analysis of Neave's Food, that it was "a sound, substantive nutriment, upon which the greatest dependence may be placed. During and after dentition the quantity administered may be gradually increased in infants' food, and invalids may rely upon it whenever a diet of this class is required." Sir Charles Cameron, C.B., M.D., called Neave's Food "an excellent food, admirably adapted to the wants of infants and young persons," and the opinion of these eminent men has been endorsed by the experience of numberless practitioners and mothers.

In "Treatment of Infantile Diarrhœa" Dr. W. Lauzun-Browne mentions that he used Neave's Food with striking results in cases where a milk diet was entirely forbidden.

It is not surprising that the uniform success of this food should have suggested to the makers the advisability of adapting their formula to the demands of a post-infant age and those conditions in which an easily assimilated, highly nutritous, and very palatable food is needed. Thus we have recently become acquainted with Neave's Health Diet, a concentrated nutrient of delightful flavour, which might justly be described as a perfect meal in a nutshell. It has been used with remarkable success in the case of backward and delicate children. For those that suffer from dyspepsia it appears to be a perfect diet, and its recuperative powers in convalescence are highly spoken of by those that have observed its beneficial results. It deserves to be as well known as its sister preparation, Neave's Infants' Food, which stands in the very front rank as a perfect food.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: **MEDICAL**, In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily; **SURGICAL**, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD. who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford

Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from BOERICKE AND RUNYON (New York), Docteur J. A. RIVIÈRE (25, rue des Mathurins, Paris), Dr. CHARLES W. HAYWARD (Liverpool), Dr. P. PROCTOR, and Dr. STANLEY WILDE, Dr. ROBERSON DAY (London), Dr. DYCE BROWN (London).

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH
HOMŒOPATHIC REVIEW.

JULY, 1909.

Editorial Notes and News.

* * The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest date.

**Co-operative
Swiss
Holiday.**

A MEMBER of the British Homœopathic Society is forming a party to leave Charing Cross at 10 a.m. on August 18, *viâ* Dover—Calais (best service), Paris—Geneva, which is reached on the morning of August 19. The members of the party are then at liberty to do as they please, and will find their way back from Pontarlier *viâ* Paris, Calais, Dover, reaching London, *at latest*, September 11. Apply at once, "Viator," c/o Senior Editor.

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**Faulty
or Imperfect
Diagnosis.**

IN the *American Journal of Surgery* Dr. Henry Mann Silver, of New York, draws attention to the surgical importance of a proper recognition of the visceral or abdominal complications (or should we say concomitants?) of the erythema group of skin diseases. Failure to recognize such may lead to a faulty diagnosis of some abdominal lesion, such as appendicitis or intussusception, and consequent unnecessary surgical interference. Such conditions are: (1) Quincke's disease, in which there is colic, associated with angio-neurotic oedema; (2) Henoch's purpura, in which there is arthritis combined with erythema or purpura and colic; (3) a less

well-defined group, consisting of recurring attacks of colic, without the appearance of any skin lesion, for a prolonged period, even years. In children, especially with colic, the greatest care should be taken to get a full history of any previous skin lesions or arthritis, and the skin should be examined carefully for any signs of angio-neurotic œdema, purpura or erythema.

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**Calcium Salts
and Infant
Feeding.**

IN vol. ii., p. 66, we referred to the supposed relation of the convulsive neuroses to the intake of the calcium salts in cows' milk. The "convulsive neuroses" include tetany, spasm of the glottis and laryngismus stridulus. Many infants manifest great difficulty in the digestion of milk owing to its coagulating in dense curds in the stomach. Sir Almroth Wright, in 1893, showed that the troublesome effects of whole milk are due to the calcium salts which are present, and that the action of these salts may be neutralized and a soft, flocculent curd, like that of human milk, ensured by the addition of 2 grains of sodium citrate to each ounce of cows' milk.

* * * *

**Menstrual
Blood.**

GAUTIER AND DOUSER have shown that the menstrual discharge contains four times as much *iodine* as normal blood, and an amount of *arsenic* equal to the whole quantity normally present in the thyroid gland. It also causes an increase of the output of *calcium salts* from the body.

* * * *

**Ovary versus
Thyroid.**

THE relation between the ovary and the thyroid is obscure. In some cases the two glands appear to be in sympathy; in others they seem to be antagonistic. The two are in sympathy in being essential to the development and preservation of the genitalia. They are in antagonism in their general tendencies. The thyroid fixes calcium salts in the body, while the ovary aids enormously in their excretion, *via* the menstrual discharge. Further, both at puberty and the menopause the thyroid gland frequently enlarges; often, too, the thyroid enlarges at each menstruation, though occasionally the reverse is true. When the internal secretion of the thyroid

gland is defective there is generally scant menstruation and partial sterility, or amenorrhœa and complete sterility. Excessive thyroid feeding, too, has caused abortion (see also p. 326).

* * * *

WITH the view of checking this, in such affections as chlorosis, early tuberculosis, &c., **Over-frequent Menstruation.** Wilczinski, of Zakopane, has tried the effects of *lecithin* in doses of 0·1 to 0·2 gramme three times a day, commencing immediately on the cessation of the period. In the cases given by the author, the success of this plan of treatment was very marked. *Lecithin* is a complex fat or glyceride containing choline; it differs from ordinary fats in containing both nitrogen and phosphorus (see p. 138). It is an important constituent of the brain matter, yolk of egg, &c., and is hydrolyzed by acids and alkalies to choline, glycono-phosphoric, stearic and palmitic acids. In a previous issue we pointed out that cholesterine is the "physiologic antipode of lecithin." The tissues of cancerous growths are said to be unusually rich in lecithin, and, according to Odier, of Geneva, cholesterine also accumulates round the cancer-cells; both substances seem to play some unknown part in the growth of tumours. Cholesterine, twenty-five years ago, was regarded as a deposit from the bile and the result of the metabolism of the brain and nervous tissues generally; but, as a matter of fact, it is now known to be furnished by the epithelium lining the gall-bladder and the larger ducts, especially when inflamed.

* * * *

AN interesting ceremony took place in **Memorial to** London on Tuesday, June 8, to commemorate the labours of the late Dr. R. T. **Dr. R. T. Cooper.** Cooper in the cause of afforestation. As our readers know, Dr. Cooper was greatly interested in everything pertaining to plant life, and both wrote and spoke in favour of the more extensive planting of trees in these islands. In 1901 he founded the Irish Arboricultural Society, the present Irish Forestry Society. After his death a Committee was formed to commemorate and in some degree to carry on his work by persuading the local authorities of London to plant trees in the main thoroughfares. The proposal met with

much indifference and obstruction from the various local bodies, but last winter, largely owing to the persistent energy of Mr. Munford, the Paddington Borough Council made a beginning by planting 950 trees in the principal streets of the borough. It was in connection with these trees that the ceremony of the 8th inst took place. A distinguished party took luncheon at the Great Western Hotel under the chairmanship of Lord Castletown (President of the Irish Forestry Society), supported by Lady Castletown, the Mayoress of Paddington, Dr. L. H. Cooper, Mrs. Cooper, Lady Le Hunte, Sir William Vincent, and Mr. Basil Holmes (Vice-Chairman of the Metropolitan Public Gardens Association) and Professor W. R. Fisher (ex-President of the Royal English Arboricultural Society). After luncheon the party proceeded in carriages to the Marble Arch, where the Mayoress of Paddington affixed to one of the newly planted trees a memorial tablet to Dr. Cooper. Similar tablets are to be placed on the trees at intervals throughout the borough.

* * * *

Antipyretics. IT is of interest to observe that antipyretics are now experiencing the fate of so many instruments of treatment in the orthodox school ; they are first adopted with enthusiasm, then are considered indispensable, and finally are recognized to be useless and possibly injurious. The treatment of influenza by antipyrin and antifebrin has gone through these stages. So did that of enteric fever by quinine at an earlier period. We now have the *Lancet*¹ devoting an article to showing that as a general rule antipyretics are to be avoided. It quotes Roltz, who has shown that the parenchymatous changes produced in the organs during fever, the increased metabolism, the loss of weight and appetite, the vasomotor disturbances, delirium and other disturbances of consciousness, and any severe blood changes, especially in the red and white corpuscles, are all the result of the infective agent or its toxins, and are not due to the accompanying febrile temperature. On the contrary, further experiments go to prove that the

¹ *Lancet*, pp. 1400-1402.

higher temperature assists the protective processes of the body ; it stimulates phagocytosis and the production of agglutinins, bacteriolysins and antitoxins, and so has a beneficial influence on the course of the infection. Professor Adami, discussing the influence of the febrile state, concludes that "just as inflammation is the process of adaptation of the tissues to local injury, so is fever the process of adaptation to such toxic agencies as can be neutralized by the development of antibodies." Naturally the conclusion to be drawn from these facts is that antipyretics can only interfere with this beneficial action, and should therefore not be given in ordinary cases of fever.

* * * *

Radium Therapeutics. DR. LOUIS WICKHAM, Director of the Radium Institute of Paris, has been lecturing before the Royal Society of Medicine on his experience of radium in the treatment of disease. He showed successfully treated cases of port-wine stain and other nævi, lichenoid eczema, acne-keioid, angiomata, rodent ulcer, epithelioma and cancer of the breast. The successful use of radium depends on overcoming certain difficulties depending on the burning and destructive action of some of the rays on healthy tissue. The radium rays are of three kinds: the α rays, which have little penetrative power, are easily absorbed, and injure the skin; the β rays, comprising those which are soft and of low penetration, and the middle, and hard with high penetrative power; the γ rays, which are the most penetrating of all. The low penetrating power of those rays which injure the skin, viz., the α and soft β rays, enables us to screen these off by interposing a layer of lead or aluminium which, when of about a millimetre in thickness, cuts off the soft rays but permits the hard β and the γ rays to pass through. Dr. Wickham claims that these hard penetrating β and γ rays have an elective power over cancerous tissue. The means he uses to bring the radium into use are as follows: The radium salt is melted with varnish and allowed to dry on the appliance like hard enamel. To this is applied, after interposing a piece of thin indiarubber tissue, the leaden screen shaped to the

size of the radiant surface, and covered with from ten to twenty sheets of paper having an outer coat of indiarubber to stop the irritant secondary radiations caused by the passage of the rays through the lead. The soft injurious rays are in this manner all filtered off, and 1,000 units of the hard rays let through can be applied for three or four hours at a time. If convenient, two or more radium apparatus can be applied at the same time so as to obtain a "cross-fire" and thereby obtain a more speedy result.

* * * *

**Radium
Emanations in
Skin Diseases.**

DR. RADCLIFFE CROCKER, Physician for Diseases of the Skin at University College Hospital, publishes in the *Lancet* of May 22 an account of some cases of skin disease which he had treated by means of radium emanations. The emanations were supplied to him by Sir William Ramsay and were given off in the form of gas from a solution of radium bromide. The amount of emanation given off from 150 milligrammes in twenty-four hours was estimated to equal in bulk about the fortieth of a large pin's head. To test the emanation locally it was diffused through a jelly which was melted and applied to the surface to be treated, which was then covered first with muslin and then with tinfoil and bandaged on.

A fireman who had for two years suffered from troublesome eczema of the fingers, and a girl, aged 12, with hard patches of psoriasis of the knee, were both cured of their complaints by this means. In two other cases of granulomatous tumours due to mycosis fungoides the emanation was dissolved in 2 cc. of distilled water and injected subcutaneously in the interscapular region; in one case thirteen and in the other three injections were made, with considerable benefit to both. In the case of a lady who had long suffered from a chronic scaly eruption, extending all over the covered parts of the body and the limbs, eight injections were made, some effect was produced, but the results were not striking enough to warrant the continuance of the injection, which had produced some amount of induration and soreness at the site of injection.

**The Value of
Medicine in
Tuberculosis.**

IN view of the subject chosen for papers and discussion at the British Homœopathic Congress on July 1, it may be of interest to notice four papers on "The Value of Medicine in Tuberculosis," which appeared in the *New England Medical Gazette* for April last, and which probably represent the views prevalent amongst the "broader-minded" — and perhaps majority — of American homœopaths of to-day. The first is by George N. Lapham, M.D., Physician to the Massachusetts State Sanatorium, where homœopathy is given an equal chance with other methods in the treatment of incipient phthisis. Clinical observation, according to Dr. Lapham, tends to show that treatment according to the law of similars is fully as satisfactory in its results as the so-called "regular" treatment, but from the difficulty of deciding how far improvement is due to hygienic or medicinal measures, it is not easy to speak with certainty in individual cases. This rather lukewarm opinion refers, of course, only to the ultimate or curative results of treatment. As to the actual *advantages* of homœopathic over other treatment, Dr. Lapham speaks with no uncertain voice.

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**The Advantages
of Homœopathic
Treatment in
Pulmonary
Tuberculosis.**

THESE, he considers, may be briefly summarized as follows: (1) The homœopathic remedy can be given to correct a certain train of symptoms, whilst other methods are confined to local applications, general tonics, or palliation of one or two symptoms only. (2) Functional disturbances cannot follow the administration of the homœopathic remedy. It is at least creditable to do the patient no harm! We do not impair digestion by creosote or morphia, or depress the heart by coal-tar derivatives. (3) In homœopathy definite results follow the administration of the remedy, after which it is stopped or changed. (4) The least amount of drug substance necessary is administered. (5) Great saving of cost in the drug bill. This is of special value in institutions, especially in phthisis, for which innumerable expensive specifics are continually vaunted. As to the idea prevalent sometimes amongst those who profess themselves homœopaths, that a patient suffering from pulmonary

consumption is less susceptible to minute doses of drugs than others, and that the toxins of the disease exert a counteracting influence, Dr. Lapham does not believe this to be true. We are happy to corroborate his opinion. Fifteen years' experience of homœopathic practice in an institution devoted almost entirely to phthisis have convinced us—to say nothing of the experience gained in private practice—that in the most advanced cases, reaction to homœopathically chosen remedies does not cease before death enters upon the scene; until when symptoms of many kinds can be relieved. Perhaps one of the most notable which we recall being the almost total disappearance of general dropsy under *kali. carb.* only a few days before death in a case of abdominal tuberculosis.

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**Is Medicine of
Value in the
Modern Treat-
ment of
Tuberculosis?**

THIS is the title of a brief paper by Hubert C. Clapp, M.D., of Boston, in criticism of the paper above referred to. Dr. Clapp at once announces his position by the sentence, "The hygienic treatment of incipient pulmonary tuberculosis is far more important than the medical," about this he is very positive. And we are inclined to agree with him that in *some cases* this may be so, but certainly not in all. There are cases of incipient phthisis for which the most perfect hygienic surroundings effect nothing, until the administration of *calc. carb.*, or *arsen. iod.*, or *tuberculin* 30. Then the patient at once improves. How also are we to treat these persons who develop the disease in spite of open-air life and perfect environment? However, of the superiority of homœopathic medication to other methods Dr. Clapp is quite certain. "Those of us who have tried it to any extent are certain that it is superior," he says. But by this the author refers chiefly to symptomatic treatment, "in the purely constitutional part, where there are no special symptoms, we can sometimes safely omit medical treatment, depending on hygiene alone." To this we distinctly demur, believing that when the specific homœopathic remedy for the particular constitutional taint, or dyscrasia—psora, Hahnemann called it—which always underlies the development of tuberculosis, can be found, its administration is of even greater importance than perfecting the hygiene. We admit

that in many cases the symptoms and indications are so scanty that it is very difficult, and sometimes even impossible, to find the remedy specific to the case. But the attempt should always be made, and when successful the effect is sometimes extraordinarily satisfactory, even in cases which previously have refused to react to any treatment.

Dr. Clapp concludes that although, in his opinion, "the hygienic management with strict supervision is more important, yet the additional prescription of homœopathic remedies is important enough to warrant us saying that its omission is a neglect of duty on our part, which will result in the patients not having as many chances for recovery as he ought to have."

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**A Worthy Record
for Homœopathic
Students.**

UNFORTUNATELY we possess no homœopathic colleges in this old country to send out students fully trained for active service in the warfare with disease. Our students are compelled to go through their medical training in the ordinary schools, where homœopathy is despised and tabooed. In the more enlightened *régime* of the United States some of the best students are found in the homœopathic colleges. Naturally, the taunt that such colleges turn out men less well equipped than the "regular" institutions may sometimes be heard. A notable answer to such assertions is provided in the report, recently issued, of the Secretary of the Board of Medical Supervisors of the District of Columbia. Dr. George S. Ober reports that at the examinations held by his Board in April, July and October of last year, eighty-five candidates were examined, of whom fifty-three passed and thirty-two failed. Of these candidates four were graduates of homœopathic schools. These four were amongst the first six of the fifty-three who passed, their places and percentages of marks being as follows : First, with 97 per cent. of marks, from New York Homœopathic Medical College ; second, with 93·7 per cent., from Hahnemann Medical College, Philadelphia ; fifth, with 89·4 per cent., from the same College ; sixth, with 89·2 per cent., from Boston Homœopathic University. The best men from the crack colleges of the country, such as the Johns Hopkins College, Yale, McGill, and the

University of Pennsylvania, were below the sixth, and were all beaten by the four homœopaths. We have no doubt that, given the chance, our English homœopathic students could equally give points to their allopathic brethren. May the day soon come when an enlightened public opinion will open the door freely to a full medical curriculum for the homœopaths of this country.

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The Truth about Morphine in Acute Abdominal Disease. WE are told that the first duty of every physician is to relieve suffering, hence the "regular" practitioner, when encountering a patient suffering acute abdominal pain, naturally flies to the hypodermic needle. Homœopaths have always abhorred this practice, and often have been abused for their wisdom. But here and there one finds a Saul amongst the prophets, and a most notable example of this is that of Mr. Waterhouse, Surgeon to the Charing Cross Hospital, in his address on "Volvulus," reported in the *British Medical Journal* for May 29. Referring to the custom of calming the patient and the pain by opium or morphine in this condition, the author says: "I earnestly beg of you never to allow yourselves to be persuaded in any case of intestinal obstruction to use this, in such cases, treacherous and deceptive drug. I yield to none in my admiration for morphine as a mitigator of pain, but in intestinal obstruction I regard it as a deadly drug." Over and over again, Mr. Waterhouse tells us, he has felt that he might have made a more correct diagnosis, and by a timely operation have saved the patient's life, had not his judgment been obscured by the statements of the medical attendant and the patient that there was improvement in the symptoms, such improvement, however, being merely a masking of the symptoms under morphine or opium. In conclusion, Mr. Waterhouse adds: "If I, as a surgeon, were asked how I would define a first-rate practitioner, I would be inclined to answer: 'One who does not administer morphine in acute abdominal disease until a fairly confident diagnosis has been arrived at.'" And, we would add, "*not even then*"; this would characterize a still higher rank of practitioners, and to this rank we believe all homœopathic physicians attain, if judged by the same standard.

**Sir Dyce
Duckworth on
Empiricism.**

IN a recent address on "Some Insufficiently Recognized Points in the Diagnosis of Disease," Sir Dyce Duckworth gave a warning to those who having blindly seized the ideas of serumpathy and antivaccines, imagine that modern curative art will resolve itself into no more than selecting the serum or vaccine appropriate to each case. Incidental to this, the author deplores the unscientific bases of ordinary medical practice, which he thinks affords some excuse to those who prefer the more rational serumpathy, which, by the way, they forget has been acknowledged by its chief exponents, Sir Almroth Wright and von Behring, to be practically homœopathic. "A large part of our best art," he reminds us, "is still founded on empiricism, and that we cannot give reasons for our practice which will satisfy the purely scientific mind." This is doubtless true of the practice of Sir Dyce Duckworth, and of the average doctor of the day, and indeed until they can discover some natural law on which to base their methods, unscientific they will remain. Hence the only truly scientific practitioner, according to the learned author, is one who can base his methods on a law of Nature, and *pro facto*, this is just where the despised homœopath steps in with the "law of similars," on which he bases his prescription and in virtue of which he effects his cures. But at this point we join issue, for doubtless Sir Dyce Duckworth, and with him most "regular" practitioners, aver that it is no law at all, but only true in a few instances. Until they can stifle their animus and approach the question as scientists, not as heated politicians, and investigate the facts before them impartially, so long will their practice remain unscientific, and so long will these voices in the wilderness of unscientific medicine be heard with their melancholy complaints. We advise such to cease unmanly lamentations, and to study, as Hahnemann did a century ago, the law of similars, they will then be enabled to remove this reproach from modern medicine.

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**Honour to
Liverpool
Nurses.**

WE cull the following from the *Liverpool Courier*: "The staff of the Hahnemann Hospital, Hope Street, is to be congratulated upon a signal honour paid to the lady

superintendent, sisters, and nurses, of that excellent institution. The lady superintendent, Miss Tank-Davis, has been appointed to the Executive Council of the Territorial Force Nursing Service, while some of the nurses have been attached to the Chelsea (London) unit of the same body. As these are enrolled with the London Territorials they will necessarily have to proceed to the Metropolis in order to obtain their distinctive badges. From a Liverpool point of view it is rather unfortunate that they will be unable to participate in the ceremony at Knowsley.

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The Rt. Hon. the Lady Mayoress of London. THE Right Hon. the Lady Mayoress is a potent force in British homœopathy. Like other great ladies, her ladyship has definite opinions, and infuses into them force and consistency. Lady Truscott's reign at the Mansion House is memorable for its stately recognition of homœopathy as a great national interest, and the Lady Mayoress's latest official furtherance deserves widespread appreciation.

His Majesty's Territorial Forces, in divisions, have allocated to each division a unit or cohort of trained nurses, each unit being 120 strong. The Lady Mayoress, at the Executive Council of distinguished ladies charged with the necessary arrangements, took a bold and wise initiative. Not only did her ladyship make good her case for enrolling the London Homœopathic Hospital on the State List of available hospitals; the Lady Mayoress also obtained official recognition of the validity of the status of the nurses, who have had their full training at the principal homœopathic hospitals of the country. More than this, through Lady Truscott's wise action, reference was made to a representative body of homœopathic ladies; and not only were these ladies added to the Grand Council, but Miss Hoadley, Matron of the London Homœopathic Hospital, and Miss Tank-Davis, Matron of the Liverpool Homœopathic Hospital, were nominated for co-option by the London Executive Council.

The Lady Mayoress, by this statesmanlike and spirited procedure, has earned the grateful thanks of that fully qualified body of trained nurses, who have received their professional

education in the homœopathic hospitals of this country. Also that large section of His Majesty's subjects, which inclines to homœopathy, will deeply appreciate the proportional representation thus accorded them by the tactful initiative of the Lady Mayoress.

Original Articles.

THE DIET FACTOR IN DISEASE.

By GEORGE BLACK, M.B. EDIN.

(Continued from p. 357.)

ERRATA IN JUNE "REVIEW."

P. 355, 2nd line from bottom, for *hæmatomosis* read *hæmatemesis*.

P. 356, 2nd paragraph, 6th line, for *Taunton* read *Tawton*; and in 8th line, for *tells* read *says*.

P. 356, 3rd paragraph, 3rd line, for *faintly* read *fainting*.

P. 357, 5th line from top, insert *an* before *enema*.

Monday, 11.—Got a little sleep in the night, and slept for a short time more soundly about 5 in the morning. About 8 o'clock she passed about a teacupful of water like moderately infused tea in appearance. She is in less pain. Temperature normal. Pulse 76. Tongue thickly coated with grey fur, except the tip. She has taken gruel, bananas, and grapes. Continue and also take toasted granose flakes with prune juice, tomato and other vegetable soups with granose. She has been troubled all her life with constipation, getting a movement every other day. While at her last place she had for breakfast boiled ham or fried fish, brown and white bread and butter, and a cup of tea; for lunch, skim milk and bread and butter; for dinner, meat and two vegetables, with milk pudding; for tea, bread and butter, cake and jam. She did not take supper. They never had any stewed fruit, but occasionally they had apples.

Friday, 15.—She has passed water twice since her return home; pulse and temperature have kept all right; sometimes the left hand is stone cold; she got up a little while to-day,

but says she felt faint ; no action of the bowels ; says she has had several sharp attacks of pain ; abdomen considerably distended ; the pain is like knives running into her, and is especially marked in the right side. She is taking tomato soup, raw apples, bananas, stewed prunes, and oatmeal porridge. I did not order the raw apples ; she has taken them without leave. *Bry.* 3x.

Saturday, 16.—No water passed ; no action of the bowels ; slept pretty well and looks well ; pulse quiet and steady ; allowed her to get up. Continue *bry.*

Monday, 18.—Urine passed, and bowels moved last evening, stool hard ; looks well ; pulse quiet and good ; was up a considerable time last evening. Allowed her vegetable soups and stews made of carrots, turnips, onions, potatoes, tomatoes, varied by the addition of rice, macaroni, or vermicelli, also rice pudding and stewed apple.

Thursday, 21.—She had great pain when her period came on in the region of the appendix, better now. *Act. rac.* 12.

Friday, 22.—Father came over at 10 p.m. to tell me his daughter was much worse. She had been vomiting everything and latterly had brought up blood. I went with him, and on getting to the house went upstairs and found my patient lying on her back, with a blue dressing jacket on and the bedclothes thrown down to her waist. Left hand was stone cold ; pulse at left wrist 52, regular but weak ; face warm but paler than usual ; right arm and hand less cold than left and pulse stronger ; feet and legs cold ; flinging her arms about a good deal, beating the bed and occasionally her own body with her hand, and saying how much pain she was in ; breath offensive ; tongue grey coated ; vomited since dinner ; in pain ; terrible oppressive pain in the head, great sense of pressure, said it was terrible, yet there was a look of placidity about her face. Gave *bry.* 3x and *ign.* 3x alternately every hour or so. She said her side pained also ; no action of bowels or bladder ; hot bottle to feet ; hot moist compresses over abdomen. Barley water to be given, should anything be wanted.

Saturday, 23.—Much quieter ; no sleep, or scarcely any ; feet and legs warm ; left hand very cold ; looks better, lips a better colour ; brought up one or two teaspoonfuls of darkish

red blood, which was retained in a vessel for me to see, also a quantity on a cloth. Left prescription for *ipéc.* 3 to be given should bleeding recur, 18 drops in half a tumbler of water, a dessertspoonful every half-hour or hour as required.

Sunday, 24.—Her mother thinks she may have slept in all two hours during the night; she has, however, been quite quiet; between 9 and 10 this morning she brought up some more blood, which her mother showed me; it was mixed with water in the vessel, was not much in amount, and was darkish red in colour. She says her head ached very much the first thing this morning, but was easier at the time of my visit. She was lying on her back, looking occasionally out of the window, with her eyelids half closed and blinking as if the light were painful to her; pulse 52; tongue clean; taken a few grapes and some cold water; legs and feet warm; says her side pains her at times; told mother to keep her feet and legs warm by applying hot bottles and heated flannels. If it could be done, she was to have a leg pack. The hæmatemesis appeared to me to be vicarious; menstruation usually lasts ten days, and she uses sixteen diapers; on the present occasion it lasted only three and she used a similar number of diapers. Continue *bry.* and *ign.*

Monday, 25.—Blood vomited three times since last visit, not much altogether, perhaps three or four tablespoonsful, dark red in colour, looks better. Taken some grapes and two bananas. Been given some *ipéc.* in addition to the other remedies.

Tuesday, 26.—Did not sleep very well last night, but looks and feels better. Pulse 52, better in character. Hands warm; legs and feet warm. No vomiting. No urine passed. No movement of the bowels since last Tuesday. Eaten four bananas—two last night, two this morning—two raw apples and a quantity of grapes.

Friday, 29.—Blood was brought up three times on Wednesday and yesterday. It was shown me, and did not amount to more than two tablespoonsfuls: it was dark in colour and mixed with a certain amount of mucus. She has taken little beside grapes, but of these she has eaten from 1 to 2 lb. since last night. There has been no return of vomiting since yesterday, although she has felt sick at times. Pulse

50 ; hands cold, palms clammy ; face and body warm. Has complained yesterday and to-day of aching in the legs. The bowels had not acted for thirteen days till to-day, when she had a good stool—very dark—almost black in colour, probably due to blood. Some portions were hard, the rest like firm clay. She said it caused her pain. There was a little water with the motion ; none had been passed for four days. *Bry.* 3x every two hours, and as she said she did not get any sleep the night before, *ign.* 3x if sleepless.

Saturday, 30.—Found patient much better ; wants to get up. She had brought up about half a teacupful of watery fluid tinged with blood. She felt hungry, and has eaten a small basin of porridge and milk, a half basin of granose flakes and milk twice, bananas, and $\frac{1}{2}$ lb. of grapes.

Monday, December 2.—She has been up for some hours to-day, but had just returned to bed when I called. She had an action of the bowels and passed urine yesterday. Has eaten four bananas, three raw apples, $\frac{1}{2}$ lb. or so of grapes, and porridge and milk. Has brought up to-day about a table-spoonful of dark venous blood.

Tuesday, 3.—Going on all right. Has felt sick, but has not vomited. Taken food well. Did not sleep last night, but does not feel sleepy in consequence. She says she often dreams she is being buried alive. Passed water last night. *Bry.* 3x and *Act. r.* 3 alternately.

Monday, 9.—Hæmorrhage has been going on from the stomach more or less for a week ; sometimes twice in the day—usually once. At times it has been bright in colour, at other times dark, with the mucus about a dessertspoonful at a time. She complains considerably of pain in the stomach and in the right side. Sometimes urine has passed daily and been loaded with lithates ; at other times she has not passed any. Bowels have not acted for several days. Complains of one arm having been paralyzed for some hours ; this has now passed off. To-day bright blood and mucus have been brought up ; two days ago she vomited food. I tried *bry.* 3x and *ipéc.* 3, but these did nothing to remove the hæmorrhage. I am now using *ham.* 3x. The pain in the right side and stomach is easier. She slept well last night and is brighter to-day. She is taking bananine (a mixture of dried banana

flour and whole meal), which suits her well ; grapes, bananas, and soup made of potatoes, carrots, turnips, onions and lentils, strained.

Friday, 13.—When I called this forenoon she was sitting at the fireside with the window open to the half. Her mother showed me a larger quantity of blood than usual, which had been brought up yesterday afternoon. With the mucus which was mixed with it there would be about a small tea-cupful. She complained of burning in the stomach and bowels. I called again in the evening at 9.30. She was in bed ; her left cheek patchily flushed. Pulse 80 ; temperature normal. Hands rather cold ; feet like lead : perspiration strongly smelling. Complaining of hot burning feeling in the stomach and bowels. No urine passed ; no action of the bowels. To have bananine porridge, bananas, grapes and granose.

Saturday, 14.—She has had little sleep in the night. Was lying in bed knitting when I went in, looking very well, but had again brought up blood about 11 this morning ; there was about a tablespoonful altogether—mucus and blood, rather darker in colour than that of yesterday. She has not had so much burning pain as she had yesterday. Feet and legs warm. Tongue coated with grey-looking fur.

Sunday, 15.—Bowels moved naturally on Saturday ; stool very dark but not black. About a dessertspoonful of blood brought up, rather dark in colour. *Viscum alb.* 12 every two hours.

Monday, 16.—Manner bright and cheerful this morning. Bowels acted naturally yesterday ; stool satisfactory, dark brown in colour. Urine passed. A very small quantity of watery fluid tinged with blood brought up.

Tuesday, 24.—Since last entry there has not been a single day, with the exception of yesterday, without at some part of it a little blood being brought up. Sometimes it has been bright in colour, at other times dark like coffee grounds or like dark, bloody-looking water. She has complained of pain, mostly in the right iliac region ; at times in the epigastrium, and, on the coming on of the menstrual period, in the hypogastric and right iliac regions.

Amongst the remedies given, besides those already indi-

cated in this case, were *hyos.*, which Baehr says was of service to him in a case of vicarious hæmorrhage. It was, however, no use in this. I gave it in the third attenuation and *ferrum phos.*, which I think was of benefit. The bowels have acted better, and urine been passed more regularly since last visit, but her appetite remains very capricious; some days she will take some fruit—a banana or grapes and nothing else—at other times she will eat more heartily, and of a greater number of things.

This ends the entries in my journal in connection with this case. Some weeks after my attendance had ceased, I met her in the street and she told me that on the advice of another medical man she was going into the Torbay Hospital to undergo an operation. Her mother informed me afterwards that she was in the hospital a month, but was discharged without any operation having been performed. She is now in service somewhere in the country.

This case is cited not as one typical of appendicitis, but rather as illustrative of the difficulties in diagnosis that present themselves from time to time in the course of one's practice. Two medical men who had attended this young woman stated that in their opinion she was suffering from appendicitis, others who examined her thought differently.

The hysterical element in this case was clearly enough marked, and was at any rate a starting point from which one might work towards a solution of the problem that presented itself.

I am not one of those who look upon hysteria as a sort of mental hallucination and pooh-pooh *it* and all its varied manifestations; to the unfortunate creatures who are the subjects of it, it is real enough, and our duty is, if we can, to try to find out the cause and remove it.

She had inherited her emotional nature from her father, a big-boned, black-haired, dark, lustrous-eyed man, whose mental and physical contradictions showed themselves in his running from a shadow cast by the moon; in his having an attack of palpitation if, on awaking in the night, he heard the tick of the clock; and on his being, according to his own account, the coolest and most collected of his company on the field of battle during the Zulu war in which he served.

His daughter was of his build, and had no doubt inherited her nervous temperament from him. Here, then, was some further information that explained a good deal.

Then we come to the menstrual difficulty, and here, as in so many of these cases, we find the cause that underlies the phenomena we are witnesses of.

Whatever appendicitic trouble there may have been in this case was, in my opinion, secondary to congestion of the right ovary, and would pass away when that was removed, but be likely to manifest itself again should there be any interference with the menstrual function.

V.

APPENDICITIS COMPLICATED WITH OVARITIS.

On Tuesday, March 21, 1906, Mrs. B. called upon me and asked if I would go and see her daughter, as she was ill. I did so and found her in bed. She is a life vegetarian, aged 26, has fair, flaxen hair and blue eyes, is highly neurotic, hysterical and aphonic. The aphonia at the time of my visit had lasted three years, and at the time of my writing, June 3, 1908, continues. As far as I am able to ascertain it came on after some severe nervous breakdown connected with mental worry, during which she screamed her loudest, and since which she has only spoken in whispers. Her face and forehead were of a dull red colour, and there was a morose expression about her face and eyes. She is quiet except on movement, when she gives indications of great pain. The tongue is dry and coated with an ochre-coloured fur, breath offensive. Temperature 100° F. Last night she had no sleep. She complains much of pain in the right iliac region. The situation of the pain was at first to the outer edge of this area, then at a spot two inches above the fold of the groin, now it is over the region of the appendix. There is neither swelling to be seen nor lump to be felt, but she cannot bear the least percussion over pretty well the whole of the right iliac and inguinal regions, and especially over the region of the appendix. Her period was upon her last week; she saw less than usual and thinks it was checked. Three diapers were all she made use of. She has passed no water since yesterday morning, but there is no

accumulation in the bladder. The bowels have not acted. She is easiest when her right leg is drawn up. The skin is moist. Pulse varies from 90 to 100; it is small and irregular. A leg pack was ordered and hot compresses were applied over the seat of the pain, with hot bottles to the feet. For food she was ordered hot lemon water, orange juice, tomato soup (tomatoes, oatmeal, and onions) strained, and rice gruel.

Thursday, 22.—At my visit to-day I put the legs in a hot pack and almost immediately after doing so she felt an inclination to pass water, and voided rather more than a breakfast cup of somewhat dark-coloured but otherwise normal-looking urine. She lay more comfortably than she had done yesterday. The morose, pained expression was gone from her face; her right leg was extended to a greater length than it had been. Temperature 99.8° F. Pulse 94, better in character. Bran bags were applied over the right iliac region, as she complained of the compresses getting so soon cold. She has had no sleep. *bry.* 200 had already been given and was now supplemented by *ign.* 30 every hour if sleepless.

Friday, 23.—She passed water after I left last night about as much in quantity as the night before and similar in appearance. She fell asleep about 3 a.m. and slept five hours. I found the skin moist and steamy. Temperature 100° F. Pulse 90. The slightest movement produces an expression of pain. I applied a hot cotton wool compress dry to the seat of pain and a flannel roller over this. The tongue is dry with a yellow-white fur caked upon it. Gave a cupful of baked bread boiled with tomatoes and strained.

10 p.m.—Has had a quiet day on the whole and some sleep, face less flushed. Temperature 99.6° F. Pulse 80. No water has been passed all day. Continue the medicines as before. Here my notes are interrupted.

Monday, April 2.—From last Sunday week till Saturday morning no water was passed. On looking at the abdomen it was not swollen nor was the bladder in any way distended. She looked bright and happy, greeting me each day with a smile. The skin has been acting freely during this time, and to-day the perspiration is standing in tiny beads on her upper lip. Her face is flushed but the colour is brighter, less dusky than it was. She is free from pain while still, but the slightest

attempt at palpation over the region of the appendix causes her to wince, however lightly it is performed, but there is no lump or swelling nor any marked degree of dulness. The water was at first thick with lithates, but has since cleared and been passed both yesterday and several times to-day. The tongue is now clear. The thick fur that was upon it lifted in pieces, leaving it red and raw-looking with prominent papillæ; the raw appearance has now largely gone. There has been no movement of the bowels for fourteen days, but flatus has been passing for a day or two. *Sulph. F.* given, 6 drops in a tumbler of water, a dessertspoonful every four hours in alternation with *bry.* 3, 18 drops in a tumbler of water and a dessertspoonful for a dose. She is now taking for food prune juice, fig juice, pineapple juice, orange juice, toasted granose flakes, tomato soup, grapes, skinned and stoned, and oatmeal porridge with golden syrup.

Tuesday, April 11.—Had a pretty good night. Temperature 100.6° F. Pulse 80 to 86. Period been upon her about four days. There was some pain at first, but nothing like what might have been expected, and it has passed off in a very satisfactory manner. On examining the abdomen I find it normal in appearance, tender on palpation over right ovarian region, but not perceptibly dull. There has been no movement of the bowels since three weeks last Sunday. She can draw the right leg up without pain. Urine is passing freely. She is taking large ripe pears, granose flakes, grapes, orange juice, bananas and Welch's lime concordial.

Wednesday, April 13.—On calling yesterday on my patient I found she had had a good night. The previous day her temperature was 100.6° F. *Bell.* 6 was given. To-day temperature is practically the same. There has been no movement of the bowels and no desire. *Bry.* 3, 24 drops in a tumbler of water: a dessertspoonful every two hours. I raised her up in bed and brought her feet gently round till her legs hung over the bed, then I brought her forward till her feet rested on the floor, where supporting her I allowed her to remain for ten minutes or so, then I put her back into bed and laid her down. To-day when I called, her father, who was in the garden, took hold of me and said, "Come here," and drawing me to the further side of the garden said, "See,

there is your patient," and sure enough there she was sitting at the window in a chair nodding and smiling to me. On going upstairs I found to my delight that the bowels had acted yesterday afternoon. The stool was rather constipated at first and caused her some pain, but it was not unnaturally large and the pain was nothing to speak of. In the evening they moved again; the stool this time was softer and caused little inconvenience, then there was a further movement this morning. It is three weeks and five days since there was an action of the bowels up to the first of the movements just referred to. My patient looks remarkably well, her flesh has been maintained, her complexion is clear, her strength little exhausted in comparison with what my experience tells me would have been the case had flesh-meat preparations been given. During the fifteen years I myself have abstained from flesh-meat and all its derivatives I have in my practice treated most of the diseases that come under the cognizance of the general practitioner, and comparing those fifteen years with the fifteen that preceded them, I have great reason for thankfulness because, in the first place, dietetically, I had come to know the value—the sustaining, blood-purifying, nutritive value of fruit-juices, fruits, cereal gruels and vegetable soups, and in the second place, medicinally, I had come to know the Hahnemannian dictum that "Likes are best treated by likes," and although owing to ignorance I could not always be sure that the medicine or medicines employed represented, either singly or in combination, "the Simillimum," yet the law was ever before my mind, and the principle of its action was the pole-star of my therapeutic firmament, and while honestly endeavouring to find the truest drug-picture of the disease with which I was dealing, and knowing that the most striking results I had obtained were in cases in which this resemblance was most marked, whether this were so or not, I was at any rate never again left in the state of chaotic uncertainty that had sometimes characterized my best endeavours in the days of long ago when homœopathy, if not exactly *anathema maranatha*, was taboo (however ignorantly it might have been worshipped), and orthodoxy in all its glories, fanciful or real, held the field.

Whatever others may be, I at least am thankful for the

open mind and the larger vision, and for the mighty possibilities that lie beyond when truth is the object of our search.

To speak thus may seem like a denial on my part to those my brethren of the Old School of a like aim with myself. I do not mean it so, but I often wonder that men in corporate capacity should do what as private individuals, and as professional men taken singly, they would be ashamed of doing. Are we so blinded by prejudice that we are unable to recognize the good in one another? Have we not as the common object of our existence the relief of suffering and the healing of disease, and ought not that man or that body of men who can accomplish most in these respects to be most honoured? Surely in this age of intellectual striving and phenomenal scientific achievement, when religion and science that were thought to be separated by a great gulf are joining hands, at a time when the noblest amongst nations are trying to give practical expression to the glorious truth of the brotherhood of man, the solidarity of empires, the union of hearts—at a time when all this is going on it surely can be no part of a great profession to ostracise a section of its members who by virtue of position, culture and work accomplished for the good of mankind are able to take rank with any equal number taken from amongst those who show such a spirit of uncharitableness towards men who differ from them.

I am ashamed for the profession to which I have the honour to belong that anything so unworthy should be found amongst its members. I can only hope that the day is not far distant when the right hand of fellowship will be extended to all who honourably do their duty, and when it will be recognized that truth is not advanced by raising barriers against its progress, nor by cutting out channels in which it is expected to flow.

The pursuit of knowledge is a great and progressive thing and those who are its votaries in the aspiration that is the dearest object of their life must eschew leisure, sacrifice position, become beggared, go to prison and the stake if need be; but in whatever form it manifests itself according to the spirit of the age it will assuredly, even as the incoming tide, overleap every obstacle, break down every barrier, cleave

asunder the mightiest defences, and set limits, barriers, position, everything at defiance.

Magna est veritas et prævalebit.

What I have written of medicine applies in like manner to the dietetic treatment of disease. In this, as in therapeutics, there may be a right way and a wrong, and it is only when one is able, after years of experience and close observation, to make comparisons between one method and another and one system and another, that it is possible to pronounce an opinion that may be accepted by those who have themselves had no experience of the things about which another is speaking.

We know from our own experience before we consciously practised homœopathy, and since, both in our own case and that of intelligent medical men of the Old School with whom we have been conversant, how difficult it is to look at things from the proper point of view. I know with regard to myself how strangely the old ideas had woven themselves into the very fabric of my mind, so that when a case, say of syncope, had to be dealt with, it was extremely difficult to bring oneself to believe that aconite, the heart depressant, as one used to regard it, was the remedy that ought to be administered. Personal experience in this as in everything else gives confidence, and timidity passes away.

It is so also with regard to diet and our feeding of the sick. There was a time when I administered alcohol in my treatment of disease, but for many years and in all sorts and conditions of illness the only alcohol that I have administered has been that which has entered into the composition of the medicines I have given. I now cannot conceive of any circumstance that is likely to arise for which I would deem it necessary to give brandy, champagne or any other form of alcohol.

A few months ago, in a most grave case of puerperal septicæmia, the allopathic brother who assisted me in my extremity and was as kind as kind could be, told me when matters had assumed a very serious aspect that he could not continue in attendance with me any longer, as he looked upon it that we were neglecting to give this lady the things which in his

opinion were the principal means of averting a fatal catastrophe. These were brandy and Valentine's or some other meat juice or beef tea. I, on the other hand, having had ample experience of such things in similar cases, and having found them wanting, knew what they could do and also what they could not do ; and in this case I believed that the only chance of recovery which this patient had was in doing everything in my power to subdue the toxæmia that was present, and this it appeared to me I never could do by the administration of flesh-meat preparations and alcohol. Indeed, from my previous experience I was convinced that this way was the way of death, and that if life were to be maintained and health ultimately regained it could only be by administering food substances that would throw no more morbid matter into the blood, but be destructive of that which was already present, be purifying and sustaining ; and this food I found in fruit juices, cereal gruels and vegetable soups ; and I am happy to say that on such a diet my patient made a most satisfactory recovery.

The attitude of my friend was the attitude which I at one time took up, so that I could only say to him that I fully appreciated his difficulties, and regarded his action of withdrawal under the circumstances as perfectly right ; and, indeed, with the beliefs he held as an honourable man he could have done no other. But that did not prevent me stating to the husband how I regarded the matter after he had heard the explanation of my friend both from my lips and his own ; and as his confidence in me remained unabated I continued my attendance upon the case, with the result I have already stated. I could not blame my friend for his belief in alcohol and flesh-meat preparations. It was my own in days gone by, and had only been departed from as another, and what seemed to me a better, way opened out before me, and it is along just such a path in the future that I believe the most satisfactory results are to be obtained.

Those who have witnessed the exhaustion that has succeeded the administration of alcohol and beef-tea in many acute diseases, and the heart-failures that so often have resulted in death, and have experienced the wonderful germ-destroying, fever-reducing, health-restoring influence of the juices of fruit

in septicæmia, pneumonia, influenza, appendicitis, the eruptive fevers and all conditions of blood dyscrasia, can only feel a deep sense of gratitude in the knowledge of their virtues, and in the trust he is able to repose in them.

After this long digression I return to my patient to say that when the bowels moved after this prolonged period of torpidity I allowed her lentil soup and rice pudding with sultana rasins. My next entry is—

Tuesday, May 1, in which I say that I saw Miss — yesterday evening about 9 p.m., that she was sitting before the fire, and that between April 13 and this date she had been going on satisfactorily. She passed eleven days without an action of the bowels, and six days without passing water. Meanwhile she had been taking *nux v.* and *sulph.* alternately. I gave her *bry.* as before, and the bowels were moved without any trouble, and she had four stools in two days. She has now again been without an action for several days, but urine has been passing freely. The tongue is clean; her walking powers are much better than they were. She is now able to move about without hanging on to anyone like she did, although her neck droops on one side as if she had not strength to support her head. She puts her feet down all right now, and rests more firmly on them. She occasionally makes a nervous clutch at whoever is assisting her in her movements. She is taking food very well. Her period is just over; in amount it was little and was accompanied by a certain degree of pain in the region of the right ovary.

Monday, May 7.—Going on nicely, downstairs, and been sitting in the garden. Can walk much better, and does not hang her head so much as she did. She whispers more strongly, and occasional squeaking sounds are heard in her voice as she speaks. Bowels have been acting much more regularly, and water is passing all right.

Monday, July 30.—She has been out driving to-day. She has caught cold, and is troubled with a rough, barking, laryngeal cough. She is able to walk about pretty briskly with two sticks, but is afraid to try without them. She says it pains her when she tries to press her weight or support herself on her right leg.

Tuesday, August 7.—Has not passed any water for a week,

and had no action of the bowels for eleven days, but is bright and cheerful. Walking about much better, and taking food well. *Bry.* 3 given.

Thursday, August 16.—No movement of the bowels since a fortnight last Sunday, nor has she passed water for eight days. The tongue is dry, the breath offensive. The coating on the tongue is curious; it is quite white as if sugar of milk had been dusted over it. The tongue itself is very dry.

Monday, August 20.—I gave a douche of warm water to-day, and gave two last week. In the first instance there was a very good stool, with undigested tomato skins in it. I have advised all tomatoes to be peeled. The second douche brought little away, and since it was given she has complained of gripping pain in the abdomen. To-day there was a better stool. On Saturday night she was given a hot bath followed by cold spray on the shoulders, upper part of back and thighs. This caused her to gasp and stretch herself in a moment, as if she would throw herself right back out of the hands that were supporting her. She has been taking *ign.*, *acon.*, *bell.*, and *kali phos.* from time to time according to the indications that were present. She is now taking *bry.* and *sulph. fort.* She has not passed water yet. She keeps in good condition, and is well nourished. She is taking mostly fruit and a little porridge, pears, tomatoes, melons, and grated apples.

Tuesday, August 28.—Had much better night. Began to feel better yesterday afternoon. Water has passed. I gave a rectal douche of 3 pints of tepid water, and urine passed as this came away. This makes twenty-three days since any water has passed till now. The tongue is moist, and cleaner than it has been for a long time. The dry, white, powdery fur is gone from the tip, and in part from the edges.

Saturday, September 1.—I was pleased to-day when I called to find Miss — looking bright and happy. She was busy with her father's books, making out accounts, &c. Her eyes were brighter and more luminous than they have been for a long time. She walked across the room quite briskly with only a small stick in her hand to steady herself. She has had two natural actions of the bowels, and is passing water now at ordinary intervals, but says it rather hurts her to do so. Her tongue is now much cleaner than it was and is moist. The

week before last she was very depressed, wished herself dead, cried much, and said she would destroy herself. I told her mother to be very watchful of her, and not to leave her night or day. She did so, and the mood has passed away.

This is the account I have in my book of this peculiar and interesting case. Whether it was appendicitis from which she suffered, or simply an inflammatory condition of the right ovary with a certain amount of implication of the surrounding structures, I am not prepared to say.

The neurotic element in this patient is very pronounced, and I have seen her on one occasion in so wild and frenzied a state that her actions were indistinguishable from those of a person in a state of obsession. The nervous element in her composition she has derived from her father. The illness she had, in connection with which she lost her voice, was the outcome of a love affair and the breaking off of her engagement; and the strange, perverted, upside-down sort of condition that was present was the result of misdirected energy and of emotional and mental states begotten therefrom.

I have never, as far as my recollection serves me, met with any case presenting the peculiar features of this.

We are familiar enough with the vagaries of hysteria not to be greatly disturbed when natural functions are either perverted or in abeyance, but when there is no movement of the bowels for two weeks and four days, then for three weeks and five days, and no water passed for six days, eight days, and twenty days, it is enough to make one wonder what the result will be.

I have, however, in my treatment of disease, through long years of watchful observation, come to have a most exalted opinion of Nature's possibilities, and this case is a striking example of the way in which one organ will do duty for another till the balance is restored. All the time the function of the kidneys was in abeyance the skin was acting vigorously, so that when there was no water in the bladder I did not need to trouble any further about it, as it seemed to me, through perverted nervous action, the kidneys had simply fallen asleep, and that by-and-bye they would awake to the performance of their duties.

It was, however, a case that at one period of my life would have brought me into a state of extreme perturbation, and I

should have felt the utmost anxiety lest where such conditions were present it was impossible for any human being to live.

One thing at any rate I knew, and that was that the food I permitted my patient to have was uric acid-free, that it was blood-purifying, being destructive of germs, that there was no possibility of auto-infection from its combustion, nor of the development of toxins from its continued use. I knew, also, that it was free from all properties of stimulation, and consequently that I should have no subsequent conditions of depression to deal with. I had compared in many previous cases in which flesh-meat preparations were used the emaciation and extreme debility that succeeded with the comparative absence of these where fruit juices formed the principal items of support along with cereal gruels and vegetable soups, and I had come to believe that if in acute diseases such substances were given by way of nourishment it would greatly simplify our treatment, shortening the duration of all inflammatory processes, assisting in the reduction of states of pyrexia, never exhausting nerve energy as all flesh meats and flesh-meat preparations invariably do, unloading the system of impurities and bringing about a speedier convalescence with subsequent curtailment of the period of isolation.

This patient had during the course of her illness the following things :—Lemon water, orange juice, pine-apple, fig and prune juice, pears, plums, grapes, water melons and tomatoes, rice gruel, oatmeal porridge, tomato, lentil, and other vegetable soups, rice pudding with sultana raisins and golden syrup.

It may have been remarked as curious that this patient, who was a life vegetarian, should have suffered in this way if the case were one of appendicitis, but even vegetarians do not all live hygienically, although, generally speaking, they live much more so than their neighbours. There were several things in this lady's diet I would have liked to see altered, and it might have been that by the alteration such an illness would have been averted. At any rate my experience is that whether people live after the orthodox fashion, as far as this country is concerned, or abstain from flesh meat, it is with the utmost difficulty that women can be brought to give up the drinking of tea, and this habit of theirs becomes a source

of much ill-health, leading to constipation, flatulent dyspepsia, palpitation of the heart, migraine, and various functional and perhaps organic affections of the nervous system.

VI.

APPENDICITIS COMPLICATED WITH PERITONITIS.

On August 7, 1906, I received a telegram asking me to call in the morning to see Mrs. T., whom I found in bed suffering paroxysmally and very frequently from severe abdominal pain. When the pain was upon her her face showed signs of much suffering.

She is very particular that, as far as she is concerned, no one shall ever know her age, so it is only by putting two and two together that one can conjecture what it is. Doing this her age would appear to be nearer 90 than 80, and one may be safe in saying that she was at any rate 85 years old.

History of Attack.—Yesterday she had for breakfast some cold boiled ham, toast and coffee; for lunch, a cup of bovril with brown toast; for dinner, hashed lamb with peas, onions, curry, pepper, salt, Yorkshire relish, potatoes fried in dripping, half of a bought apricot jam tartlet (warmed), raspberries and red currants stewed in sugar and water (cold), a slice of water melon with sugar, and a bottle of ginger-beer; for tea she had hot buttered brown toast and one and a half cups of tea; for supper, brandy and water and a biscuit. A pretty considerable allowance for a single day for one of her years!

After supper she was much pained in the bowels, was sick and vomited twice. No food returned, only froth and water. She again had brandy and water and grapes, and in the night tea. Hot linseed meal and mustard poultices were applied. She becoming worse after the relatives had telegraphed for me, and it being late, an allopathic practitioner living next door was called in.

At the time of my visit she was lying partly on her back, partly on her left side; every movement gave rise to pain. On asking her to point out the seat of the pain she placed her hand over the region of the appendix, but said while this was much worse than any other part it pained all over. She is extremely tender and can scarcely bear even the slightest

touch over the region of the appendix. The abdomen is distended and tympanitic. The bowels acted two or three times yesterday but not in the night. The tongue is very dry, coated down the centre with a thin, yellow-brown fur. Temperature 101.4° F. Pulse 80, respiration 24. Gave *bry.* 3x every hour, and ordered her to have barley gruel with a little lemon juice, the expressed juice of purple grapes, gruel made from Robinson's groats, and toast water made from bread that had been baked in the oven. A towel wrung out of hot water was to be applied to the abdomen. I called between 6 and 7 in the evening and found Mrs. T.'s face flushed. She was in less pain on the whole and had slept a little. Temperature 101° F. Pulse 88, respiration 20. Only one or two compresses had been applied, she complaining of being too hot, and notwithstanding my instructions she had got the maid to bring her some hot buttered toast, meat gravy with bread crumbled in it, and part of a peach.

I am, unfortunately, unable to follow the history of this case consecutively, as I have lost several pages of my notes, but filling in the gap as well as I can from memory I may say that, recognizing the importance, in this case, of the utmost care being exercised in the matter of diet, and the extremely critical state of the patient, and feeling uncertain as to the carrying out of my instructions, not because of any unwillingness to do so, but because of the failure of those who were responsible to see the necessity of it, I determined to go to the house and remain there till the danger was over or my services were no further required. This I accordingly did, and slept in the house eighteen nights, during which there were many fluctuations and complications after the inflammation extended to the peritoneum, but I kept on giving such things as seemed to me most likely to suit in the way of food, and such medicines as appeared to be indicated from time to time. Of these I derived most help from *coloc.*, and I can bear out Jousset's statement, as far as this case at any rate is concerned, that where peritonitis is the result of extension from other organs, and the characteristic paroxysmal griping pain is present, this remedy will be found most effectual. It never failed to relieve my patient.

The first of the succeeding notes bears date August 22,

when it is stated that Mrs. T. had the best night she had yet had. In the evening I gave her a feederful of gruel, made of Robinson's groats, with some milk and fig juice. She rebelled against it at first, her throat being dry and swallowing difficult, but after the first few sips she took it readily. During the day she had taken toast water, orange juice, and a little barley water.

I considered it necessary that she should now have three meals in the day of gruel, blanchmange, or rice, with apple and vegetable soup, and that she should have one in the night, taking a small feederful each time, and that between whiles she should have orange juice, grape juice, toast or barley water, and portions of peach or pear.

The lower bowel has been washed out every second day, generally with success.

The vegetable soup she has been having is a nourishing soup made of two or three tomatoes, one good-sized potato, two onions, one turnip and protose. She has had 4 oz. of this soup for dinner; for breakfast she had thin porridge of Robinson's groats with some cream and fig juice; later in the day she had barley water, orange juice, and again soup.

The medicines she was taking at this time were *acid. phos.* 3x, and *bapt. φ* alternately every two hours.

7 p.m.—She is asleep now, and has been for some time lying on her back with her mouth wide open, snoring heavily. She has slept a great deal, but is bright between when she awakes.

For some days she was very depressed, and said: "What is the use of troubling me with food? I want to be away." Then the nurse and those about her shook their heads, said she was not so well, and feared she would not recover. I told them to remember Byron's lines:—

"It is not in the storm or in the strife
We feel benumbed and wish ourselves no more;
But in the after silence on the shore,
When all is gone except a little life."

and that *her* state of weakness and mental depression was *their* opportunity to inspire hope, assist Nature in all her

operations, give of their own vitality, and thus, by encouragement, confidence and hope, bring about a successful issue.

It takes a lot out of the man who has not only to contend with grave conditions on the part of his patient, who is watching, thinking, planning, and arranging all that he considers likely to bring about recovery, but who also has those about him, waiting upon the sick, whose mental attitude is anything but helpful to him in the work he has to do.

I often wish if people have nothing better to offer than long faces, melancholy tones of voice, significant shakings of the head, and constant anticipations of death, they would betake themselves elsewhere. The sick-room is not the place for them.

Friday, August 23.—Mrs. T. has had a good night; she has taken gruel, vegetable soup, orange, grape and fig juice and barley water; she has also had some apple juice and two pieces of peach.

A douche was given which brought away a considerable quantity of liquid fæcal matter. The flatus passed this morning was foul-smelling. She complained of her tongue, which was covered with aphthæ. In the forenoon she was seized with diarrhœa, and had several stools. Cornflour made with water was given; later on toast water and rice jelly. As much powdered borax as would lie on a threepenny-bit was mixed with a tumbler of water, to be used as a mouth-wash.

Saturday, 24.—Patient has had a good night. The diarrhœa yesterday was very profuse, passing at first from her like a stream. Knowing the controlling effect which bilberries have over such conditions, and having seen them in a shop window during the day, I sent the maid out to get some. She returned bringing a pound with her, which I had at once put into a pan and stewed for one and a half hours, strained and mixed with an equal quantity of rice gruel, made with ground rice and water till it was almost a jelly. I gave her some of this. She had much difficulty in swallowing, as her throat was very painful, her voice was partly aphonic, and a good deal of phlegm was lodged in the larynx. For medicine I gave her *ars.* 6, to be repeated after each loose motion or every two hours. She was given rice gruel and bilberry juice at intervals during the night and a little orange juice.

She has had about four and a half hours' sleep during the night. There was a very slight movement of the bowels at midnight, and nothing since. Flatus has passed freely, latterly not so offensive. She has not complained of any pain. Her condition this morning is much more satisfactory than might have been expected. Last night she was very restless, and kept constantly moving her legs. Her pulse was 40 and intermittent; temperature 97·4° F.

Sunday, 25.—Had a very good night on the whole; urine passed once with pain, straw-coloured and cloudy in appearance. There has been no movement of the bowels since midnight of the night before last. Taken bilberry juice and rice gruel and toast water. Tongue is now quite clean, but has a red, denuded look about it. The mouth has been washed with borax solution occasionally. *Ars.* 6 has been given every two hours.

From 8 o'clock last night till 8 o'clock this morning in addition to the rice and bilberry juice she has had pine-apple chunk juice and ground rice, and some of the juice alone, also a small portion of peach. She is now asleep. Pulse 86 to 90, and regular; temperature 97·6° F. She was very feeble in the morning, but improved as the day went on. She has had difficulty in swallowing, and once while I was giving her food she said: "I cannot take it, I want to die." Some beautiful Muscat grapes had been sent to her and we squeezed the juice from these and gave it to her. She complained that it was very sweet, but it did her good, and there has been no movement of the bowels during the day.

Monday, 26.—Had a very good night. Slept well on the whole. Pulse between 60 and 70, regular and improved in tone. In the night she has taken cornflour, pine-apple juice, peach, bilberry juice, ground rice, toast water, and for breakfast bananine porridge with Muscat juice. She has not been so restless.

Tuesday, 27.—I had to leave in the morning for Exeter and did not return till 7.30 p.m. During the time of my absence matters had not proceeded well, and this is what you often find. If you are able personally to supervise everything all may go well; next to that if you have those about you who are actuated by a spirit and intentions similar to your own, all

may go well ; but if you have to leave, and those in charge are indifferent as to whether the patient live or die, or perhaps think it is hardly worth while that one so old should recover, and cannot be made to understand the importance of paying attention to every detail, then things will often be found to have gone back in your absence. It was so on this occasion. My patient was not so well. She had a liquid stool just after I left the house ; it was small in quantity, extremely offensive, but with more substance than before. She took during the day between 7 and 8 oz. of food, consisting of bilberry juice and rice gruel, cornflour and bilberry juice and toast water. She had two attacks of spasm of the glottis in the night. I saw her at 1.30 a.m., applied a compress to the throat, and put a hot bottle to the spine. Gave also *mag. phos.* 6x alternately with *ars.* 6. By these means she was relieved. She has taken about 7 oz. of food during the night, the same as before, with the addition of lemon water. She had some high-pitched nervous coughing this morning and urging and bringing up of phlegm, but her condition on the whole is more satisfactory than it was. She has had a fair amount of sleep. Pulse 80, regular. No movement of bowels.

Wednesday, 28.—Had a better day yesterday than she has yet had ; she took her food with rather more relish, about 8 oz. altogether up to midnight. During the earlier part of the night she was quiet, restless from 1 till 4, and had slight spasm of the glottis. Food taken, about 7 oz.

Thursday, 29.—Had very fair day yesterday. During the forenoon was given grape juice, lime juice and water, bilberry juice and toast water ; for dinner had some vegetable soup consisting of carrots, turnips, tomatoes, onions, potatoes, and macaroni. These were well boiled and passed through a sieve. In the afternoon she had fruit and fruit juices, cornflour and bilberry juice, and for supper ground rice and bilberry juice. She slept during the evening and had a good night ; has taken food as usual. She is very languid and has no wish to recover. She sent for a neighbour yesterday and bade her good-bye and told her she would not see her again.

Friday, 30.—Had a very good day yesterday, and last night was the best of all. She has been able to lie on her side in

the night and has slept well, getting two hours at a stretch without waking. There is a slight abrasion of the skin at one place caused by her lying so much on her back and from inability to retain her water. Food taken as usual.

Saturday, 31.—Had a very fair night. About 13 oz. of food have been taken in twelve hours. In the morning she was low and did not care to speak. When I asked her how she was, she said, "Very ill." She complained of a sense of weight at the chest and a choking feeling. Bowels were washed out in the afternoon, which resulted in the passing of a good, well-formed stool. Pulse 76 to 80, very good in character. Temperature normal at 9 p.m. Taken food well during the day.

This finishes the notes I have, or rather that I have been able to lay my hands upon in connection with this case. She, however, made a very satisfactory recovery and is now, nearly two years from the commencement of her illness, in the enjoyment of a fair degree of health, considering her advanced age.

(To be continued.)

THE ODIUM MEDICUM ABROAD.

THE Stettin District Medical Society is at present very busy preaching a crusade against homœopathy and is sending out invitations to other district medical societies to join them in their pious task. An invitation was recently addressed to the Würtemberg District Medical Society and was read out by the President at a recent meeting, being given precedence of other business. The President then called upon the members present for their views upon the subject, but as there was no response, he gave it as his opinion that the invitation should be unanimously declined. "We have associated," he said, "for many decades past with homœopaths in our district Society, without the least injury either to our professional position, our scientific culture, or our good fellowship. To attempt to create discord in the German medical world by such a campaign appears not only superfluous, but in view of our common interests and economic struggles, in

which unity is a condition of our success, distinctly mistaken ; nay, frivolous."

The meeting agreed unanimously that the invitation should be answered in this sense.—*Zeit. des Berliner Ver. Homöop. Aerzte*, April, 1909, p. 128.

Cases from Hospital Practice.

This section is reserved for reports of interesting cases occurring in Hospital or Dispensary practice, new methods of treatment, and all purely professional matters. These should be carefully, or, if needful, elaborately recorded and described. Each contributor will, if necessary, be allowed two pages of the Review every month for this purpose.

Reports should be sent on as early in the month as possible.

LEICESTER COTTAGE HOSPITAL.

REPORTED BY DR. EDMUND CAPPER.

THE following cases of interest have recently occupied beds in this Institution :—

Miss M. J., aged 45, was admitted on December 9, 1908, suffering from a large ovarian tumour which completely filled up the abdominal cavity. On December 11 the abdomen was opened by Dr. Mason, when the swelling was found to be due to a large unilocular cyst of the left ovary. The ovary and cyst were removed, and recovery was uninterrupted.

Mrs. B, aged 44, admitted December 14, 1908, suffering from epithelioma of the cervix uteri. The growth was as large as an orange, filling up the vagina. There was a history of serious and exhausting hæmorrhage during the preceding twelve months. On December 16 Dr. Mason removed the uterus by vaginal hysterectomy. The patient did well, recovery being uneventful. She was seen about a month ago (five months after the operation). Her health had been good, there had been no recurrence, and no enlarged glands could be detected.

Mrs. B., aged 39, admitted January 8, 1909. This patient had been extremely reduced by prolonged hæmorrhage, the result of uterine fibroids. When under previous treatment she had undergone curettage without relief. On January 20

Dr. Mason performed the operation of abdominal hysterectomy with removal of the right ovary. Multiple fibroids, both interstitial and pedunculated, were found generally distributed throughout the uterus. Recovery was complete, and excellent reports have since been received of the condition of the patient.

Mrs. H., aged 77, was admitted on January 21, suffering from strangulated inguinal hernia. Operation being imperative, chloroform was administered, and under the influence of the anæsthetic the strangulation disappeared. It was decided, however, to proceed with the operation, which was performed by Dr. Mason assisted by one of the local infirmary surgeons. The hernia was found to come through the internal abdominal ring, and then to extend upwards towards the umbilicus. The sac, which was extensive, was opened, ligatured, and removed, a satisfactory radical cure being accomplished.

Miss A. C., aged 41, was first admitted to hospital on September 28, 1908. She had been ailing for about two years, and in March, 1908, had a severe attack of jaundice accompanied by ascites. On admission jaundice was still present, the stools were light coloured, the urine contained bile, and a considerable degree of ascites remained, all indications suggesting cirrhosis of the liver. In addition to these symptoms the patient complained of pain in the pelvic region and fulness and induration were present in the region of the right ovary. The uterus, examined by the sound, was found to be normal in length, but the passage of the instrument caused free hæmorrhage. There was a history of curetting for hæmorrhage ten years before. On this occasion the patient was kept four weeks in hospital, during which time the temperature remained normal, and under treatment, chiefly by *merc. cor.* and *pot. iod.*, she gradually improved. The circumference of the abdomen at the umbilicus was reduced from $31\frac{1}{2}$ in. to $27\frac{3}{4}$ in., and midway between the umbilicus and pubes from 33 in. to $29\frac{1}{2}$ in.

She was re-admitted to the hospital on April 21, and kept under observation for about a month. At this time the temperature was normal or subnormal every morning and about 103° F. every evening with constant regularity. There were no

sweats, and no cough. The jaundice had not increased, but the stools were still very pale.

On May 26 Dr. Mason, assisted by a local surgeon, made an exploratory abdominal section. A condition of general peritonitis was discovered and all the abdominal organs were found to be freely infiltrated with tubercular deposit. Steady improvement followed the operation and the patient still remains in hospital. *Iodoform* 2x is at present being administered internally.

Mrs. W., aged 61, was operated upon upon on May 27 for a tumour in the inguinal region, which was of hard consistence and appeared to be an enlarged inguinal gland. From her age malignant disease was suspected, but rectal and vaginal examination yielded negative results. When an incision was made over the tumour it was found to be a femoral hernia, the sac containing not intestine but a shrivelled right ovary. Radical cure was performed and the patient is still in hospital, doing well.

Correspondence.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

GENTLEMEN,—After reading the interesting article by Dr. A. F. Moore on "Plants as a Cause of Disease" in your June issue, I at once turned to the proving of *solidago* in Clarke's *Materia Medica*, only to find no evidence of the symptoms tabulated by Dr. A. F. Moore as produced by the pollen of this plant.

Solidago appears in the proving rather as "a very old and good kidney medicine," to quote Rademacher, and, according to Clarke, is indicated in diseases arising from, or complicated with, defective action of the kidneys, having the key-note "kidneys sensitive to pressure." The tincture is prepared from the whole fresh plant, or from the flowers.

Dr. A. F. Moore's account of the drug, so far as the effects of the pollen are concerned, differs *in toto* from the proving in Clarke's *Materia Medica*, and the picture he presents reminds one strongly of influenza and hay fever, to say

nothing of the statement that "golden-rod is the cause of a disease resembling consumption," and the interesting experiments connected with the staining of the bacilli of the pollen, which exactly resembles that of the tubercle bacillus. The question arises, is the ordinary tincture of *solidago* remedial in the above-mentioned ailments, or is it necessary to use a preparation made from the pollen? Is such a preparation available?

We are not too rich in remedies for influenza and hay fever that we can afford to neglect one that appears so homœopathic in its indications.

I remain, Gentlemen,

Yours faithfully,

STANLEY WILDE.

June 1, 1909.

DEAR MACLACHLAN,— Please announce, in the July BRITISH HOMŒOPATHIC REVIEW, that my Presidential Address of 1908 is now reprinted as a Booklet, with full *Index* and *Chronological Table*, and that a copy will be given to each member of the 1908 and 1909 Congresses; also to each homœopathic practitioner whose address is known in Great Britain.

Yours sincerely,

J. MURRAY MOORE, M.D.

Therapeutic Digest.

TREATMENT OF WHOOPING-COUGH WITH FLUOROFORM.— It is strange that whooping-cough still exists. Not a month passes without some definite treatment coming to light. M. Schoull has observed an extremely grave case of whooping-cough in a child that was rapidly disinfected by *fluoroform water* given in progressively increasing doses up to 120 drops a day. Also the son of Dr. Schoull, who constantly saw the little patient, began to cough also. *Fluroform water* definitely stopped this cough, and whooping-cough did not develop.

In this connection M. Chevalier takes the opportunity of

saying something that interests us. Firstly, he demonstrates that *fluoroform water* does not and cannot contain *fluoroform*. He demonstrates it by means of chemical laws, and this attracts our attention, for how, then, does this *fluoroform* act which is decomposed when a solution is made of it? Is there not something in this analogous to our *causticum* which, chemically, is inexplicable?

But M. Chevalier does not stop there. He has recently told the Society that whooping-cough is a very extraordinary malady because homœopaths cure it (does he think it the only malady they cure?), a fact which he does not dream of contesting, but explains in his own way. It is, says he, because people go in despair to the homœopaths, who giving pure water ensure the discontinuance of all injurious drugs. Thence the cure. Indeed, M. Chevalier says the best thing to do with whooping-cough is not to treat it.—Dr. Paul Tessier in *L'Art Médical*, April, 1909.

TREATMENT OF WHOOPING-COUGH WITH ANTI-TETANIC SERUM.—Anti-tetanic serum has been injected into goats and cows in doses of 0.1 gramme into each animal. Children attacked by whooping-cough have taken daily from 200 to 500 grammes, according to their age, of the milk of these animals so prepared. In all the patients the paroxysms diminished much in intensity and frequency. The inconvenience of this method is the rapid tolerance that occurs with the little patients, and that makes it necessary after three days of treatment to suspend it for three days and then to resume it for another three days. Another inconvenience is that after the first week the therapeutic power of the milk of the inoculated animals becomes feeble, and reinoculation is of no use. Fresh animals are then necessary. Direct inoculation of the serum of the animals into the patient gives equally good results. We are interested in the evident therapeutic action of anti-tetanic serum in whooping-cough, but at the same time we must recognize the difficulties of the treatment, and we think that *drosera*, *coccus cacti*, *cina*, and *cuprum*, provide us with more practical means, and, if the patients keep indoors, a more rapid cure than that which the milk of animals inoculated with anti-tetanic serum can give.—Dr. P. Jousset in *L'Art Médical*, April, 1909.

ENURESIS, TWO CASES; EPISTAXIS, ONE CASE.—Dr. Favre presented to the Société Française d'Homœopathie, at its meeting on April 14, 1909, some observations on the value of supplementing the local treatment of an affection by administering a constitutional remedy. In support of this he quotes three cases:—

CASE 1.—At the beginning of last January I was called to M. X., a shoemaker, aged 63, attacked by urinary incontinence, both nocturnal and diurnal. According to his own account the patient is unaware of it; he urinates unconsciously and in great quantity. He is a rather short man, brown, and thin; nothing wrong with the lungs; heart and arteries those of a sexagenarian, nothing more. His wife tells me that he is nervous and that his nights are often restless, disturbed by dreams and nightmares. He rots his bedclothes, his linen, and his garments. Three specialists on the urinary passages have treated him without success for a long time past.

I prescribed *argent. nitricum* 30, two drops on rising and on going to bed, and abstained from prescribing any constitutional medicine. A fortnight has passed, the patient is much better, he knows when he is urinating, but still has times of incontinence. I modified my prescription and ordered two drops of *argent. nitricum* 30 on rising and two drops of *baryta carbonica* 30 on going to bed. Not only has the patient not once urinated without perceiving it, but when I saw him again a fortnight later I found him quite recovered, almost vigorous, and willing on no account to leave off his *baryta carbonica*, which, he said, had restored his strength to him. I willingly consented to his wish and told him to continue the use of this precious medicine for a long time. I saw his wife twenty days later. She told me I had restored her husband to life and that he was like a young man again.

CASE 2.—In the middle of last January I was called to a little boy, aged 9, of the well-to-do class. Since he was 2 years old he has suffered from incontinence of urine, nocturnal and diurnal; lately from nocturnal incontinence only. I need not say that he has been treated by several illustrious members of the faculty of Paris and Toulouse, always with the same want of success. One fact should be remembered: under the influence of *syrup of belladonna*,

allopathically prescribed, he had an incipient poisoning which came on during his class at school, whence he had to be brought home. "All of a sudden," he said, "I saw the lines of my copy-book dance, I could see nothing clearly, I perspired, I thought I was going to die." His pupils, his father added, were large, like a ten sous piece. After this misadventure he was taken to an electrician who, according to his mother, martyred him by taking sparks from his back. Yielding to the supplications of their child they abandoned electricity to return to the great luminary of the faculty for diseases of children. He, at the end of his therapeutic resources, advised the parents to give their scion an official spanking on the buttocks, being desirous to mask his incapacity by attributing a purely psychical cause for the affection. Five weeks passed without any treatment, without spanking. The incontinence continued, especially during the night. I was recommended to the family and on my arrival found a very sensitive child, and one very frightened at the thought of seeing a new executioner. I reassured him as well as I could, and I learnt that this child no longer dared to sleep, so desirous was he that he should not wet his bed. When in spite of himself he is overcome by sleep, he dreams, raises himself to a sitting posture, makes a military salute, &c., and finally forgets himself copiously in his clothes. Apart from this nervous condition and an abundant foot-sweat there was nothing particular to note concerning my physical examination of the patient. Prescription: *Belladonna* 30, two drops night and morning for a fortnight. At the end of ten days the father announced that his son was better, he had only twice urinated during sleep. I said that this half-cure did not astonish me and prescribed: *Silica* 30, two drops in the morning, *belladonna* 30, two drops in the evening. Radical cure and surprise of the whole family.

CASE 3.—Madame C., aged 59, the wife of a doctor, had been attacked for some time past with frequent and very profuse bleedings from the nose, which frightened her all the more that she had known a friend who died from nasal hæmorrhage. The patient was of a very strong constitution, but weakened by long anxieties and by physical overwork owing to a serious illness of her husband. Lungs and heart

healthy. Beside frequent bleedings from the nose Madame C. had a bruised sensation in the head and other painful symptoms such as shooting pains, sometimes on one side, sometimes on the other, &c. The least noise, especially of the human voice, resounded painfully in her brain. Two professors of the faculty in Toulouse advised her to take a purge and to have the nasal mucosa cauterized by a specialist. She refused and came to me. As a last piece of information I may say that the father of this lady died from an attack of apoplexy. His daughter, it appears, is his living portrait both physically and morally. You can imagine her anxiety. Without losing time she was given *arnica* 12, complemented immediately this time with *baryta carbonica* 30. The nose bleedings stopped as if by magic. The *arnica* was discontinued at the end of three days and *baryta carbonica* given alone. Not only did all the head symptoms disappear but my patient regained her strength, her appetite, and her lost *embonpoint*. After a month's treatment she looked several years younger, and was free from all anxiety. With regard to *baryta carbonica*, I cannot recommend it too highly whenever you have to treat a patient more than 58 years old. It is the medicine to be chosen for sclerosis in general. I owe many successes to it.—*Revue homœopathique Française*, May, 1909.

TARENTULA CUBENSIS.—In a letter to Dr. Pieffert, Dr. Nilo Cairo makes the following contribution to the pathogenesis and therapeutics of *tarentula cubensis*: "I have read with pleasure your important work on the poisons of the arachnidæ, published in last January number of *L'Art Medical*. Unfortunately, you have forgotten to mention in the paragraph on *tarentula cubensis* the prophylactic and therapeutic use which Brazilian homœopathic doctors have made of this medicine in several epidemics of bubonic plague.

"When the first epidemic of this malady occurred in Brazil the first homœopathic doctor who pointed out the suitability of this medicine for bubonic plague was Dr. Joachim Murtinho, of Rio de Janeiro. He was guided to it by what was known of the pathogenesis of *tarentula cubensis* from the article published by Dr. Navarro, of Cuba, in the *Homœopathic Times* of March, 1879. The suggestion was consequently adopted by all our

homœopathic doctors in Brazil on the occasion of several epidemics which afterwards occurred intermittently in several towns of Brazil, though they were but of moderate virulence. *Tarentula cubensis* was employed with success, not only as a curative remedy, but also as a preventive. And, indeed, there is a great resemblance between the symptom picture of the bite of the Cuban tarentula and that of the most common form of plague—bubonic plague.

“In bubonic plague, according to Manson and Scheube, there are shiverings, intense fever, headache, drawn countenance, injected eyes, intense thirst, prostration or delirium, agitation, anxiety, retention of urine, vomiting, diarrhoea or constipation, buboes which are often painful, very inflamed, and which end by suppurating; they open and give vent to pus and form scabs. The suppuration of the buboes changes the fever to an intermittent hectic type, which in favourable cases finally disappears. That is, in fact, the most common clinical variety of bubonic plague, and all the phenomena of the bite of the Cuban tarentula are recognizable in it.

“The *tarentula cubensis*, says Dr. Hughes in his *Cyclopædia of Drug Pathogenesis*, vol. i., p. 33, belongs to the same family, genus, and species as the *tarentula hispanica*, but, although apparently similar, these two spiders differ widely in their pathogenetic and therapeutic effects. The *tarentula hispanica* is a nervous remedy, and acts profoundly and powerfully on the cerebrospinal system, and many cases of chorea, hysteria, &c., have been cured by this agent. The *tarentula cubensis*, on the contrary, appears to be a toxæmic remedy, acting directly on the blood. The bite is not painful; the subject feels nothing till the next day, when a small inflamed pimple has formed surrounded by a scarlet areola. From this pimple to some other part of the body there is perceptible a red erysipelatous line, marking the course pursued by the spider on the skin after the corrosive bite; it is caused by the action of the poison. The pimple swells, the inflamed areola continually extends. Rigor followed by intense and burning fever supervenes on the second or third day, with great thirst, anxiety, restlessness, headache, delirium, abundant sweat, and retention of urine. The tumour becomes larger and larger and is converted into a hard, excessively

painful abscess, ending in mortification of the skin covering it, with small openings giving exit to a thick, often bloody matter, containing particles of necrosed cellular tissue, aponeurosis, or tendon. The openings join and form a huge cavity. From this time the fever takes on an intermittent type with evening exacerbation, diarrhoea, and great prostration. In two cases occurring in puny children, says Dr. Navarro, I have seen the bite terminate fatally. Generally, however, health is completely restored in from three to six weeks. This is, as one will recognize, the description of the common variety of plague.

"The poison of *tarentula cubensis*," said Dr. Theodoro Goines, must act in the same manner as the Yersin serum, by means of the toxi-albumin which forms part of its composition; the effects of which are similar to those of the Kitasato-Yersin bacillus. Accordingly, there is much probability of success from the homœopathic employment of *tarentula cubensis* in plague, especially during the period of invasion." (Homœopathic treatment of bubonic plagues, Rio de Janeiro, 1899.)

"Dr. Theodoro Goines said this when the plague first invaded Brazil. The later practice of Brazilian homœopathic doctors has confirmed the truth of it, and I send this communication to you that you may not omit it in your interesting work. I would desire, also, that you should not forget to mention the use that we make of this same medicine in America, with brilliant success, in cases of diphtheria, in which disease its action is very rapid and wonderful." (*Voy. The Hahnemannian Monthly*, September, 1892, and *Revue Homœopathique brésilienne*, September, 1907.)

Dr. NILO CAIRO,

May, 1909.

Revue homœopathique Française.

CALCIUM LACTATE IN EPILEPSY. Dr. Arthur R. Littlejohn, Assistant Medical Officer, London County Asylum, Hanwell, has been treating several epileptics with *calcium lactate*, and with considerable success. He records two cases as illustrations.

Case 1.—A female, married, aged 46. No family; menstruation had ceased; no history of syphilis. Had a fright seventeen years ago, followed by a slowly progressive hemiplegia of

right side, and two or three months later by fits. In December, 1908, her condition was as follows: She was quite lost to her surroundings, dirty in her habits, childish, incoherent, noisy, and spiteful. She showed little or no signs of right-sided paralysis, except slight swinging of the right leg whilst walking; knee-jerks equal. She was having five fits in twenty-four hours, mostly in the day-time. The fits were of the *petit mal* type, the attack starting by the patient screwing up her face; she then throws herself backwards, and wriggles or rolls, making at the same time a bellowing noise. There is a momentary loss of consciousness, but no actual convulsions and no cyanosis. The patient was put on *calcium lactate*, 15 gr., three times a day. In the course of fourteen weeks the number of fits was gradually reduced from forty-five a week to none. She also improved mentally.

Case 2.—A female, aged 33, single, menstruated regularly. No history, except that she had been in a lunatic asylum for epileptic insanity since 1894. In January, 1909, her condition was as follows: She was lost to her surroundings; had no memory; in fair bodily health. She was having three to five fits in twenty-four hours, most of them in the day-time. Many of the fits were sensations, but some of them were typical strongly marked major epilepsy, with general convulsions, loss of consciousness, cyanosis, biting of the tongue, &c. On January 7, 1909, she was put on *calcium lactate* three times a day, and in the course of sixteen weeks the fits were reduced from thirty-one a week to none.—*Lancet*, May 15, 1909.

Reviews of Books.

Diseases of the Nervous System. By John Eastman Wilson, A.B., M.D., Professor of Diseases of the Nervous System in the New York Homœopathic College and Hospital, also in the New York Medical College and Hospital for Women; Consulting Neurologist to the Middletown State Homœopathic Hospital, &c. New York: Boericke and Runyon.

The issue of this volume of 500 pages from the pen of so able a neurologist as Professor Wilson is an event of some

importance. Its object, clearly stated in the preface, is to furnish the students under the author's instruction, and also the general practitioner, within a moderate space, with an up-to-date account of the facts and theories upon which our modern knowledge and treatment of diseases of the nervous system is based, and the reason for the opinions now generally accepted. Hitherto works upon this subject have fallen into one of two groups, the first being so elaborate and technical as to confuse the student, and too bulky for him to master; the second group being characterized by the opposite extreme of excessive brevity, being chiefly cram books and aids to examinations. Dr. Wilson seems to have steered a happy mean between these extremes, and the volume before us will probably admirably serve the purpose intended.

Commencing with a chapter on the anatomy, histology, and physiology of the nervous system in general, the special features of the sympathetic system and the tracts of the cord are described. This is followed by an account of the general symptoms of nerve disease, with instructions as to the localization of symptoms in the brain and spinal cord, and as to examination of patients.

In the second chapter the peripheral nerves are dealt with, under which head we find neuritis, neuralgia, and diseases and injuries of the cranial nerves, the brachial plexus, and the other special groups, concluding with an account of multiple neuritis and Landray's paralysis.

Four chapters are devoted to the spinal cord and its diseases, which are arranged under the heads of "System Diseases," such as tabes dorsalis; "Combined System Diseases," including ataxic paraplegia and spinal degeneration; and "Random Diseases," such as myelitis and disseminated sclerosis. This nomenclature seems rather unusual and not very happily chosen, but it is at least simple and easily understandable to the student mind. Diseases affecting the spinal gray matter are next described, whilst the chapter following concerns diseases affecting the brain and its envelopes. A final section on "Neuroses and Diseases without Assignable Lesion," including epilepsy, chorea, paralysis agitans and neurasthenia, concludes the volume.

The book is a very thorough one, and gives all the informa-

tion requisite for the student and general practitioner. It is concisely written, in good readable English. The chapters are well subdivided, and understandable headings allotted to the several sections of each disease treated of. Taking, for example, amyotrophic lateral sclerosis, or Charcot's disease, also called "wasting palsy," we are given a preliminary section containing definition, typical symptoms, age, sex, heredity and etiology; then the pathology is treated with careful accuracy and illustrated by figures showing sections of the spinal cord. Symptomatology is described in two pages, and after remarks on the course and progress of the disease, instructions for diagnosis are given, and followed by two pages on *differential diagnosis*. This we consider of great importance, and to constitute one of the most valuable features of the book, the complexity of nerve disease being largely apparent, and due chiefly to the difficulties of differential diagnosis. Treatment then occupies another couple of pages.

As regards therapeutics, Professor Wilson is, of course, a thorough homœopath, though he advocates the use of drug palliatives in the more hopeless cases. A list of the homœopathic remedies he recommends, with the symptoms calling for their use, follows each disease section. The author, however, frankly confesses the hopelessness of drug treatment in many nerve conditions, although he considers that by far the most good is done by medicines prescribed in accordance with the law of similars. The importance of hygienic treatment is clearly emphasized, careful directions for the use of X-rays, high frequency, massage, vibration, &c., being given whenever called for. The value of these several treatments, and especially the different forms of electrical treatment, we find carefully explained in the various conditions for which they are helpful. The sections on epilepsy, chorea, paralysis agitans and neurasthenia are especially good, and should be of frequent help to the general practitioner, containing many suggestive remarks and points of importance upon which the great experience of the author throws valuable light.

We are glad to be able to speak highly of Professor Wilson's work, which we should be glad to think might be on the table of every homœopathic practitioner. It is conceived and written in the best form of our American *confrères*, and

besides being equal—if not superior—to the best works issued by the old school, has the additional advantage of giving due space to the most beneficial and advanced systems of therapeutics, both medicinal and hygienic. Such a book has long been a desideratum for homœopaths, and we cordially welcome its appearance.

Notices, Reports, &c.

LISTERINE.

FOR centuries before the modern use of antiseptics began from the researches of Lister, their place in the healing art was occupied by vulneraries. This old sounding name—to modern ears—described the herbs, concoctions, and unguents used to promote healing and to cleanse wounds by the barber-surgeons, quacks, monks, and village herbalists of former days. Most of these vulneraries are deservedly forgotten, and indeed few of them were antiseptic; but nevertheless some of them possessed a certain virtue, the existence of which we have nowadays almost forgotten. That is in the fact that certain substances promote the healing of wounds apart from their antiseptic properties. The converse of this is equally true, that many antiseptics, although effectively preventing the growth of germs, do not promote—and may indeed hinder—the process of healing. Doubtless many plants recommended by herbalists for healing purposes were valueless, and none could be of service unless reasonable cleanliness were observed. But some were of distinct value, as can easily be tested by treating two healthy wounds, both surgically clean, one by sterilized water, and the other by sterilized water containing a little listerine or calendula in solution. The latter will heal in half or one-third the time taken by the former.

In the enthusiasm with which Lister's discoveries were received, boric acid, carbolic acid, and perchloride of mercury took the field and ousted all the old vulneraries; and yet the need for a happy combination of a non-irritating antiseptic with a vulnerary became evident to thoughtful observers. So long as wounds do not always heal by first intention, and as

innumerable injuries of every kind confront the general practitioner under circumstances when strict antisepsis is impossible, the demand for some such preparation will continue. A preparation which combines the properties of an antiseptic and a vulnerary with singular success is listerine. It was one of the first antiseptics devised for this double purpose, and amidst a host of imitations since put upon the market listerine more than maintains the position it has deservedly held for many years past.

Now the properties essential to such a preparation are that it should be (1) antiseptic; (2) non-poisonous; (3) promote healing, and hence be non-irritating to inflamed surfaces, and (4) be agreeable and convenient to use. Taking these points in order, the antiseptic properties of listerine stand well to the front, and have stood the severest laboratory tests. This indeed can be said for very few other preparations designed for the same purposes. Its inhibitory action on infusorial life, on fermentative processes, on the growth of bacilli and germs, has been demonstrated by many competent observers. Amongst these we may note the experiments by Professor Battilana, of the Pasteur Institute of Paris, published in the *Journal de Médecine de Paris* in 1902; also those of Dr. Frank M. Deems, M.D., Ph.D., on the action of listerine upon fermentative processes as compared with carbolic acid, and the facts as to the comparative value of antiseptics published by W. D. Miller, Ph.D., D.D.S., in the "Independent Practitioner" in 1884. With cultures of various micro-organisms, the antiseptic power of listerine, its efficacy in sterilizing the media employed, and its inhibitory power on the growth of bacteria, were demonstrated in several interesting series of experiments. It was found that listerine could be used with safety in far greater doses than carbolic acid, that it was a more rapidly acting antiseptic, that it was non-irritating and but slightly toxic, and that it did not coagulate albumen.

The non-irritating and non-toxic properties of listerine have found for it a far greater sphere of usefulness than that possible for carbolic acid, perchloride of mercury, and other crude antiseptics, namely in affections of the mucous membranes. The use of douches and lotions of listerine in catarrhal and inflammatory conditions of the nose, mouth, pharynx,

vagina and uterus, bladder, rectum and anus, rapidly became known as its properties were tested. To mention only a few of these conditions, which are continually being treated by listerine in the practice of many leading physicians, in all parts of the world, is hardly necessary. We may, however, note its high value in atrophic nasal catarrh, in which the fetor is most rapidly removed, and a healthy condition established by a listerine douche or spray. Both in acute infective discharges, as well as in bland and chronic flows from mucous membrane, douches of listerine in various strengths are of considerable value, not only in cleansing and destroying micro-organisms, but also by a distinct tonic action upon the membrane. Amongst simple uses it may be employed in weak solution—1 in 8—as a preventive in an acute nasal catarrh. We know a father who has instructed his children in this method, and who claims now that their previously frequent colds are things of the past.

There are no more distressing symptoms, both to the patient and friends, than fetor, and in the two worst conditions in which this is characteristic—cancer and cancrum oris—listerine has proved of great value, and should always be tried. Other uses to which listerine is frequently put are as a douche in cystitis, and as a spray, or in the steam kettle in laryngitis and bronchitis. As a mouth wash in dentistry, and in gargles for septic or relaxed pharyngeal affections, this preparation has won high favour and is in constant requisition.

We have so far noted only the local and external uses of listerine, but it has been and may be used internally by those who do not object to give mixtures of drugs, and amongst those with whom intestinal antisepsis is in vogue listerine has found considerable favour in the practice of some physicians. It has been used in the summer diarrhoea of children, some disorders of digestion, and in the entero-colitis of infancy. This affords evidence of its non-poisonous and non-irritating character, and it is remarkable that such desirable properties should be combined with so high a degree of antiseptic power, as the experiments on micro-organisms have proved. As to the composition of listerine, the proprietors naturally do not announce its exact formula, but it is known to contain benzoic and boracic acids, combined with essential

oils of thyme, eucalyptus and gaultheria; and to this happy combination it doubtless owes its valuable properties. In some of the conditions named we have for years employed listerine in our own practice, and can confidently recommend its use, whilst in others we have mentioned, and some to which our space forbids a reference, many physicians of standing have testified their confidence in its action.

W. T. O.

INFANT FEEDING.

That the annual loss of infantile life due to improper feeding is appalling is but to state what is a truism to every medical man. The number of mothers that do not suckle their babies, owing to the stress of modern conditions of life, is increasing year by year, and as substitutes are in most cases chosen without a doctor's advice the infantile death-rate remains regrettably high.

Especially as regards the "handiest" of all substitutes, cow's milk, it is not only frequently, but generally, supplied under conditions which would seem incredible if they were not corroborated periodically by the reports of city and county analysts throughout the country. Thus we hear that not only a considerable number of samples examined contain all manner of dirt, including cow-dung, but also that there is offered for sale, and sold, day by day an enormous quantity of tuberculous milk.

Why the persistent warning of the entire medical profession against a continuance of this perilous state of affairs should be equally persistently disregarded by the great mass of the purveyors of milk seems all the more surprising when we observe the very material advantages that have accrued to those purveyors who have adopted and carried out the suggestions of medical science; nor is it a matter of surprise that the organization which has succeeded in most nearly approximating the conditions regarded by medical men as essential in the supplying of milk has, *eo ipso*, become the premier dairy company in the county.

It is not a little instructive of our national methods to find that whilst amateur reformers and a part of the lay

press are still speculating as to the best method of controlling the milk supply, in order to reduce the "slaughter of the innocents" to the irreducible minimum, the Aylesbury Dairy Company has carried out for more than twenty-five years a system which, based as it is upon the demands of the medical profession, provides within the limits of its operations a solution of the different problems of the feeding of infants.

All milk supplied by this Company is obtained, shipped, and distributed under a system of selection, inspection, and control so perfect that it is practically impossible for any but the purest milk to reach the consumer. Before a milk supply is accepted from any farm the conditions of the farm and its occupants must be examined and passed by the local Medical Officer of Health, every cow on the farm must be certified as healthy by a veterinary surgeon, who receives his instructions from the Principal of the Royal Veterinary College, and, finally, the water used in the dairy both for cooling and washing must be certified as pure by the Company's analyst. The maintenance of such favourable conditions is ensured by monthly inspections of the farm and of the cows, and an unfavourable report is followed by an immediate cancelling, on behalf of the Aylesbury Dairy Company, of further supplies of milk from such farm. Similarly stringent conditions govern the shipment of the milk to London, its treatment at the dairy, and its distribution, all parts of a system the perfection of which cannot but evoke the admiration of every medical man. It is under conditions such as these that Humanized Milk and Humanoid are prepared. The former has long been favourably known to the profession as an appreciable and appreciated factor in the feeding of children; but though perfect as a food it had one drawback, its bulk and consequent high cost of carriage did not permit of its being within the reach of all.

Humanoid, the other preparation, is, however, not only without this disadvantage, but possesses this further advantage that it may be regarded as more permanently closer to maternal milk than most other preparations. We say, more permanently closer, for the reason that it is constant in its composition, the small difference in the cow's milk being from day to day adjusted and thus keeping Humanoid close to the standard of maternal milk.

An analysis of samples of Undiluted Humanoid, Diluted Humanoid, and Human Milk yielded the following results:—

| | Undiluted Humanoid Average per cent. | | Diluted Humanoid Average per cent. | | Human Milk Average per cent. |
|--------------|--|-----|--|-----|------------------------------------|
| Total solids | 32.82 | ... | 11.56 | ... | 11 to 12 |
| Fat... .. | 10.20 | ... | 3.59 | ... | 3 „ 4 |
| Milk sugar | 17.83 | ... | 6.28 | ... | 6 „ 7 |
| Proteins ... | 4.21 | ... | 1.49 | ... | 1 „ 2 |
| Ash ... | 0.58 | ... | 0.20 | ... | 0.2 |

It would appear from this analysis that when Humanoid is diluted in the proportion of one part to three of water it is certainly very close to human milk, especially in the important ratio of proteins to ash.

In commenting upon an analysis which had yielded similar figures, the *Lancet* said: "These results agree very closely with those obtained in the analysis of normal human milk. Humanoid, moreover, presents the same appearance as human milk, that is, of a perfect emulsion. The fat separates in the form of a cream and not in a free state. It is evident that great care and ingenuity must have been devoted to the preparation of Humanoid, for in spite of having been concentrated the condition is that of fresh milk. The concentration, of course, effects an important economy."

BRITISH HOMŒOPATHIC SOCIETY.

THE ninth meeting of the Session was held at the London Homœopathic Hospital, on Thursday, June 3. Dr. Cash Reed, the President, was in the chair. Arthur Stoddard Kennedy, L.R.C.S., L.R.C.P.Ed., was unanimously elected a member of the Society.

The Secretary announced that about half the sum required for the Clifton Memorial had been paid in, and requested that those members who had not yet sent their subscriptions (5s.) should do so as soon as possible.

Dr. Byres Moir showed a diseased heart from a man, aged 28, who at 13 years of age had had rheumatic fever. There was a history of syphilis. He was working till within three weeks of death, notwithstanding the advanced disease found in the heart. On admission to hospital there was found ascites

and pleural effusion, a systolic murmur at the apex, both systolic and diastolic murmurs over the aortic area, and a systolic tricuspid murmur. The patient gradually died from symptoms due to cardiac insufficiency. At the autopsy the heart cleared of blood-clot weighed 1 lb. 15½ oz., and measured 7½ in. broad and 8½ in. long. The aortic valves had undergone calcareous degeneration of unusual extent, and the valves were affected in such a manner as to cause much obstruction to the onflow of blood from the ventricle, but not to admit of any considerable regurgitation, the calcareous valves fitting fairly accurately together during the diastole.

Dr. Neatby showed a case of carcinoma of the uterus, and Dr. Burford a unique specimen of double simultaneous ectopic gestation, there being only six known specimens of such a condition. Dr. Burford also showed a specimen of a tubal gestation cyst which was both diagnosed and removed before rupture.

Dr. Wynne Thomas then read his paper entitled "Notes on two cases of Tubal Gestation." After some preliminary remarks on tubal gestation, its history, causes, and general course and symptoms, he related his first case, which was that of a woman who married at 19, had already had six pregnancies, several of the children being still-born or premature, and had also been once curetted. Soon after falling pregnant for the seventh time she was suddenly seized with intense pain in the hypogastrium, sickness and collapse. She was removed to hospital, and when seen by Dr. Burford she was blanched and pulseless. Intravenous saline injection was resorted to, and as soon as the patient was sufficiently rallied operation was commenced, the intravenous transfusion being continued. As much as four and a half pints of saline were injected. A ruptured tube with gestation cyst was found on the right side and removed. At the close of the operation the pulse had, thanks to the transfusion, become normal in rate and fulness. A perfect recovery followed. Last year she became pregnant for the eighth time and is going on well. The second case was that of a married lady, aged 39. She had had the appendix removed. The last period occurred on October 24, and on November 3 she first complained of pelvic pain and sickness, which was followed some days after by a brownish discharge.

The symptoms varied, alternating between better and worse, and this, together with the previous trouble with the appendix, made the diagnosis very obscure, and caused a hesitancy to operate. Finally the passage of some shreds of decidual membrane and an exacerbation of the symptoms dispelled all doubt, and Dr. Burford operated on December 11. No transfusion was required in this case, and with the exception of a troublesome dermatitis during convalescence a normal and good recovery ensued. In order to emphasize certain points arising out of these two cases, Dr. Thomas then read from the current (June) number of the *Practitioner*, two cases recorded by Dr. James Phillips, with some remarks of the narrator regarding extra-uterine gestation.

In the discussion that followed Drs. Cash Reed, Eadie, Burford, Johnstone, Neatby, and Purdom (junr.), took part.

B.H.S. GOLF.

In the first round of the Tournament for the Dudgeon Cup B. Nankivell beat Knox Shaw at Acton; H. Mason beat F. Shaw at Acton; Byres Moir beat Spencer Cox at West Middlesex; Wynne Thomas beat E. Capper at Leicester; T. Ord scratched to C. Pritchard; H. Nankivell scratched to E. Cronin; J. Powell and J. Johnstone drew byes.

H. W. T.

"NARCISSUS."

A VERY successful Pastoral Play was held in Bromley on Saturday, June 12, the proceeds of which are to be divided between the London Homœopathic Hospital and the Children's Hospital, Great Ormond Street. Mrs. Harvey had arranged for the play to take place in her own grounds in Highland Road, but in case of rain she had thoughtfully engaged the Grand Hall for the afternoon. This was fortunate, as it poured all day till after 6 p.m., and it would have been impossible to have had the performance in the open.

The first item on the programme was entitled "A Fairy

Idyll," under the direction of Miss M. Chick. Dances by Miss Ruby Ginner. Accompanist, Miss Hylton.

"Fancie" (Miss Winnie Darnley) appears and dances to express her desire of giving pleasure to the audience.

A sick child falls asleep; "Fancie" returning lays a charm upon her. The child dreams about living flowers—

| | | | | | | |
|------------------|-----|-----|-----|-----|-----|-------------------------|
| <i>Shamrock</i> | ... | ... | ... | ... | ... | Miss EVELINE DICKINSON |
| <i>Thistle</i> | ... | ... | ... | ... | ... | Miss INA BURNES |
| <i>Sunflower</i> | ... | ... | ... | ... | ... | Miss DORIS FRY |
| <i>Poppy</i> | ... | ... | ... | ... | ... | Miss MARIE DE MONTEZUME |

and all, suitably and prettily dressed, were accompanied by numerous elves and toadstools in quaint costumes, and made a charming spectacle. All the children acted well and went through their parts without a hitch, down to a little tot of 3 years, who represented a snowdrop.

The second half of the programme, "Narcissus," was under the direction of Miss Elsie Fogerty. Dances arranged by Mrs. Wordsworth. The chief part was taken by Miss Hazel Thompson.

| | | | | | | |
|-------------------|-----|-----|-----|-----|-----|---------------------------|
| <i>North Wind</i> | ... | ... | ... | ... | ... | Miss EDITH MALIM. |
| <i>South Wind</i> | ... | ... | ... | ... | ... | Miss E. GATES. |
| <i>East Wind</i> | ... | ... | ... | ... | ... | Miss B. THOMPSON. |
| <i>West Wind</i> | ... | ... | ... | ... | ... | Miss IRENE HAYTER. |
| <i>Nemesis</i> | ... | ... | ... | ... | ... | Miss E. SILSBY. |
| <i>Echo</i> | ... | ... | ... | ... | ... | Miss D. MARZETTI. |
| <i>Winter</i> | ... | ... | ... | ... | ... | Miss E. B. NUNN. |
| <i>Spring</i> | ... | ... | ... | ... | ... | Miss M. GLANVILLE HARVEY. |
| <i>Cephisus</i> | ... | ... | ... | ... | ... | Miss H. MOORE. |
| <i>Liriope</i> | ... | ... | ... | ... | ... | Miss MURIEL LITTEL. |

Assisted by Nymphs, Butterflies, and Flowers.

"Narcissus," son of Cephisus, a river god, and Liriope, daughter of Oceanus, was exceedingly vain of his beauty. He was wooed by the nymphs and Echo. The latter having talked too much was condemned almost to silence, being only allowed to repeat the last word of any sentence she heard.

Narcissus turned a deaf ear to every wooer; he fell in love with his own reflection and died of longing for that which he could not obtain. His body was transformed into a flower, Narcissus, and Echo changed into a stone which guarded the valley where the Narcissus grew.

Space, unfortunately, will not allow a detailed description of this charming play, but all those who were fortunate enough

to be present were pleased they had not missed so delightful an entertainment, and the repeated applause on the fall of the curtain must have been very gratifying to the performers.

BRITISH HOMŒOPATHIC ASSOCIATION.

SUBSCRIPTIONS and Donations received from May 16 to June 16, 1909 :—

GENERAL FUND.

| | Subscriptions. | | | Donations. | | |
|--------------------------------|----------------|----|----|------------|----|----|
| | £ | s. | d. | £ | s. | d. |
| William Willett, Esq. ... | — | — | — | 5 | 5 | 0 |
| Miss Fanning ... | 2 | 2 | 0 | — | — | — |
| J. P. Stilwell, Esq., J.P. ... | — | — | — | 5 | 5 | 0 |
| Arthur Tyler, Esq. ... | — | — | — | 2 | 2 | 0 |
| Dr. E. B. Roche ... | — | — | — | 1 | 1 | 0 |
| Mr. and Mrs. Marshall Jay ... | — | — | — | 5 | 5 | 0 |
| W. H. Beeby, Esq. ... | — | — | — | 0 | 10 | 6 |
| Lady Durning-Lawrence ... | — | — | — | 5 | 5 | 0 |
| E. L. Vinden, Esq. ... | — | — | — | 2 | 2 | 0 |
| Dr. T. E. Pardom ... | — | — | — | 1 | 1 | 0 |
| A. E. Vinden, Esq. ... | — | — | — | 2 | 2 | 0 |
| F. G. Ames, Esq. ... | 5 | 0 | 0 | — | — | — |
| Dr. Vincent Green ... | 1 | 1 | 0 | — | — | — |
| Mr. and Mrs. Thirlby ... | — | — | — | 5 | 5 | 0 |
| Mrs. Franstadt ... | — | — | — | 2 | 2 | 0 |
| Madame Erba ... | — | — | — | 2 | 2 | 0 |
| A. Powell, Esq. ... | 1 | 1 | 0 | — | — | — |
| Dr. Bennett ... | — | — | — | 2 | 2 | 0 |
| Mrs. Henry Wood ... | 1 | 1 | 0 | 2 | 2 | 0 |
| M. T. Spensley ... | — | — | — | 3 | 3 | 0 |
| Dr. Eugene Cronin ... | 1 | 1 | 0 | — | — | — |
| Mrs. Staughton ... | — | — | — | 2 | 2 | 0 |
| Mr. and Mrs. Hanley ... | — | — | — | 2 | 2 | 0 |
| Dr. Cooper ... | 2 | 2 | 0 | — | — | — |
| P. P. W. Reneau, Esq. ... | — | — | — | 2 | 2 | 0 |
| Dr. George Clifton ... | 1 | 1 | 0 | — | — | — |
| Dr. F. W. Hayes ... | 1 | 1 | 0 | — | — | — |

LADIES' NORTHERN BRANCH.

| | | | | | | |
|---------------------|---|----|---|---|---|---|
| J. Capper, Esq. ... | 1 | 1 | 0 | — | — | — |
| Mrs. Coop ... | 0 | 10 | 6 | — | — | — |
| Miss Pain ... | 1 | 0 | 0 | — | — | — |
| Mrs. Fitton ... | 1 | 1 | 0 | — | — | — |

LADIES' BRANCH.

Attendances at Kenley Street Dispensary (opened March 1) :—

| | | | Patients. | | Attendances. | |
|-------|-----|-----|-----------|-----|--------------|-----|
| Month | ... | ... | ... | ... | ... | ... |
| March | ... | ... | 12 | ... | 17 | ... |
| April | ... | ... | 6 | ... | 25 | ... |
| May | ... | ... | 13 | ... | 27 | ... |

THE NATIONAL HOMŒOPATHIC FUND.

DONATIONS received since the issue of the report, to June 16 :—

| | £ | s. | d. |
|-------------------------------|---------------|----------|----------|
| Alexander Grace, Esq. | 5 | 0 | 0 |
| W. A. G. Hay, Esq. | 1 | 1 | 0 |
| George Baxter, Esq. | 0 | 10 | 6 |
| A. W. Martin, Esq. | 5 | 0 | 0 |
| Per Dr. Stirling Saunder— | | | |
| Mrs. Wyndham King .. | 1 | 0 | 0 |
| Total receipts to date | 3,297 | 7 | 4 |
| Outstanding promises | 5,756 | 2 | 0 |
| | <u>£9,053</u> | <u>9</u> | <u>4</u> |

Dr. William Cash Reed, 15, Princes Avenue, Liverpool, has been nominated by the Southport Homœopathic Hospital as its representative on the governing body.

Mrs. Dwight and Miss Jennings have written regretting their inability to serve on the governing body.

The Literature Sub-Committee has met on May 3, 10, and 18, and June 4, 8, and 15.

A joint meeting of the Organizing and Revenue Sub-Committees was held on June 4.

LONDON HOMŒOPATHIC HOSPITAL.

THE Earl Cawdor, as Treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received a cheque for five guineas from The Worshipful the Company of Tylers and Bricklayers.

LONDON MISSIONARY SCHOOL OF MEDICINE.

ON the afternoon of Friday, June 18, the School of Medicine for Missionary Students, which was established six years ago at the London Homœopathic Hospital, celebrated the close of the past winter's work by a public distribution of prizes to the most successful students. The ceremony took place in the Board room of the Hospital, which was packed to overflowing with friends interested in the work. Amongst those present were Principal Forbes Jackson, of Harley College, Bow; Mr. Walter B. Sloan, of the China Inland

Mission; the Rev. A. R. Cavalier, of the Zenana Bible and Medical Mission; the Rev. J. Stuart Holden, M.A.; many of the doctors of the Hospital and lecturers to the School, and J. P. Stilwell, Esq., J.P., who took the chair. During the six years of its existence the School has grown in importance and in the extent of its work. There is no portion of the mission field, from Iceland to the Southern Seas, from China to Peru, where it is not represented by those who have passed through its curriculum. Numerous and enthusiastic are the testimonies borne by its past students to the value of the instruction given them at the London Homœopathic Hospital. The course is a comprehensive one and includes lectures on medicine, surgery, first-aid, tropical diseases and hygiene, diseases of women, children, of the eye, skin, &c., and a special course in dentistry, comprising lectures and practical work in extractions and fillings. Above all, clinical teaching in the wards and out-patient department, and as much practical work as possible in the latter, are eminently calculated to furnish the students with ability to recognize disease and sound, if elementary, methods of treating it.

The meeting in the Board room of the Hospital commenced at 3 p.m., and was opened by prayer by the Rev. C. E. Bedford, Chaplain to the Hospital. The Secretary, Dr. Neatby, then read the report, which disclosed a record of very successful work and progress during the past year. Dr. Vincent Green read letters from old students detailing their experiences in foreign mission fields, and speaking highly of the use the medical knowledge acquired at the London Homœopathic Hospital had been to them. There followed from the Chairman a speech welcoming the visitors and regretfully alluding to the death of Captain James Cundy, the late President of the School, who had lost in him a warm friend and supporter. Mrs. Broomhall then distributed the prizes. The following is a list of the prizewinners and prizes :—

First prize : Miss Beatrice Jordan, Brethren's Mission. Destination—Central Africa. Prize : Case of surgical instruments, case of dressings, book. Second prize : Miss Winifred Ingram, unattached. Destination not yet decided. Prize : Case of surgical instruments, book. Third prize : Miss Violet H. Shaw, Baptist Missionary Society. Destination—Orissa,

India. Prize : Medicine chest, book. Fourth prize : Mr. Stanley Kemp-Welch, Sudan United Mission. Destination—the Sudan. Prize : Case of dressings, hypodermic case.

After the distribution the Rev. J. Stuart Holden, M.A., delivered a very earnest address, which was followed by a few words from Mrs. Hercus, B.A., from Peru, Mr. Cook, from Iceland, and Mrs. Hook, from Foo Chow, China. The Rev. the Hon. O. St. M. Forester, a student of the School during the past Session, then expressed the thanks of the students to the lecturers, and a vote of thanks to the Chairman, proposed by Dr. Burford and seconded by Dr. Day, brought this part of the proceedings to a close. But there was a very pleasant sequel, for the students had invited the lecturers and friends to be their guests at afternoon tea in the Nurses' Institute, whither nearly everyone adjourned, and found the large sitting room tastefully decorated, and a bountiful supply of good things in the shape of tea and coffee, cakes, and strawberries and cream provided for them. A very pleasant half hour was spent before the party separated.

THE LONDON MISSIONARY SCHOOL OF MEDICINE.

BY DR. BURFORD.

ON June 18 the Annual Meeting and Public Prize-giving of this Institution was held in the Board Room of the London Homœopathic Hospital, J. P. Stilwell, Esq., Chairman of the Hospital Board, occupying the chair. There was a large attendance of missionary students and friends and representatives of the Executive and other Committees, including Dr. E. A. Neatby, Dr. Eugene Cronin, Dr. V. Green, Dr. James Johnstone, Dr. Granville Hey, Mrs. Roberson Day, Rev. Principal Jackson, Rev. J. Stuart Holden, M.A., Rev. A. R. Cavalier, A. Ridley Bax, Esq., Dr. Roberson Day, &c., &c.

The Annual Report was read by the Secretary, Dr. E. A. Neatby. Twenty-eight students in all had attended the Sessional Lecture Courses during the last year. The work done by the students, as measured by the examination test, was good, in some instances brilliant; and the enthusiasm manifested in the search for knowledge was keen and sustained.

Possibly the remembrance that the lives and well-being of themselves and their friends might ultimately depend on the present work of the students, acted as a further stimulus to application.

The School had taken part in a Missionary Exhibition earlier in the year, through the courtesy of the Baptist Missionary Society. But an endeavour to obtain the consent of the Church Missionary Society for a similar exhibition was unsuccessful—though backed by influence in high quarters; which non-suit was entirely regrettable.

The expansion of the organization of the School during the year was alluded to, its emergence from a branch of the work of the British Homœopathic Association to an independent status explained, and a tribute of thanks paid to this latter body for its support and furtherance in earlier years. The School had received students for elementary education in medicine and surgery from twenty-four missionary institutions in all—a striking testimony to the recognized value of the work done. Altogether a very interesting and stimulating report.

Mrs. Broomhall, with a few encouraging and appropriate words to each prize-winner, then distributed the awards made by the examiners. The Rev. J. Stuart Holden, M.A., followed with a special address to the students; and personal experiences in mission work and personal testimony to the absolute necessity of the work of the School were given by ladies and gentlemen engaged in foreign missions.

Mr. Stilwell responded to a cordial vote of thanks, signifying his great pleasure and surprise at the extent, thoroughness, and value of the operations of the School. It had been a revelation to him. So also had it been to others; and if the School can gain in increasing degree—as it should—the confidence of the great missionary official bodies, an enormously important asset will have been added to the account of these institutions themselves.

The students afterwards gave a tea and reception to their tutors and friends.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

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Advertisement and Business Communications to be sent direct to the Publishers.

Communications received from Dr. GALLEY BLACKLEY (London), Dr. EDMUND CAPPER, Dr. STANLEY WILDE, Dr. MURRAY MOORE, Dr. BURFORD (London), Dr. H. WYNNE THOMAS, Dr. DYCE BROWN (London).

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMŒOPATHIC REVIEW.

AUGUST, 1909.

British Homœopathic Congress.

THE Annual British Homœopathic Congress was held in the Board Room of the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, W.C., on Thursday, July 1, 1909. The chair was taken at 10 o'clock by the President, Dr. Thomas Wesley Burwood, of Ealing. The room was crowded by members from various parts of the kingdom and others of the public interested in homœopathy.

The PRESIDENT opened the proceedings with his address which was entitled "After Forty Years : a Retrospect."

PRESIDENTIAL ADDRESS.

LADIES AND GENTLEMEN,—I thank my friends who were so kind as to confer upon me the honour of being your President this year. It is an honour totally unsolicited and undesired on my part, as I never anticipated or aspired to occupying so distinguished a position. Those who know me best are aware that I am a modest man, preferring to be seen rather than to be heard. The honour bestowed upon me was too great to decline, though I doubted whether it would be possible for me to rise equal to the demands of the occasion. I therefore cast myself unhesitatingly on your support and brotherly kindness, and trust that with a whole-hearted unity of feeling we may all look back with pleasure to the Congress of 1909, to which I give you a very hearty welcome.

The first Homœopathic Congress in England was held at

Cheltenham in 1850, and then annually in various places until 1856, from which date until 1870 no Congress was convened. Since 1870, however, each year has seen its Annual Congress. This, therefore, is the forty-fifth Congress of homœopathic medical men practising in Great Britain.

During these years I have seen many Presidents, men of conspicuous ability, learning and skill, men who have done lasting honour and shown unwavering loyalty to the cause of homœopathy and an undying belief in the doctrine evolved from the brilliant intellect of Hahnemann, which doctrine is summarized in our motto, "*Similia similibus curantur*."

I can only bow my head, as we all do, to the memory of this great and good man, to his noble character, his splendid genius, his immortal discovery and its startling originality. To-day I have no fresh offering to lay on Hahnemann's shrine.

Every Congress always brings its note of sadness at the absence of some well-known faces that have passed away and are no longer able to make the annual pilgrimage to the gathering of their brethren.

To-day our ranks are thinner by the death of Dr. Arthur C. Clifton, who was one of the most fearless stalwarts of our school, which he loved so well and served so faithfully. His loss is as the falling of one of the monarchs of the forest, and I, who knew him intimately for more than forty-five years, can say with truth: "I am not acquainted with any man who knew his Homœopathic *Materia Medica* better than he did, nor who brought its treasures into fuller use for curing his patients."

The names of Black, Madden, Bayes, Sharp, Pope, Hughes, and others of my predecessors who occupied this chair have in their excellent addresses made clear the scientific bearing and, at the same time, the common-sense view of homœopathy.

I do not propose to take up your time by entering into any arguments in favour of homœopathy, as I am quite sure it is not in my power to bring forth anything new. The names I have mentioned show the galaxy of talent which homœopathy had in its fold—men who were solidly true—who were not only able to show a good reason for our practice,

but to define how far the law of "Similar" was in complete *rapproch* with the discoveries of modern science. These are a few of the many names of the early pioneers who unfurled the banner of homœopathy and formed the striking vanguard in the march of medical progress—men who were not ashamed of their convictions, but who "nailed their flag to the mast," by consistently practising what they conscientiously believed in—that is, a system of healing which has stood the test of nearly a century, and has passed through the most scathing criticism unhurt! To follow in the footsteps of such a grand array of warriors there cannot be much left for a late-comer to deal with.

We want the same dogged enthusiasm they had, which brooks no failure, if we are to combat with the blatant stubbornness of our opponents of the old school, who will not acknowledge anything that savours of homœopathy any more to-day than they did forty years ago.

Ladies and Gentlemen, in the following "Retrospect," which may appear as ancient history to some, I shall only touch on the salient points of interest during the last forty years. To attempt anything but a survey would take up too much of our time.

BRITISH HOMŒOPATHIC PHARMACOPŒIA.

Early in the period one of the most important pieces of work was the publication of the Homœopathic Pharmacopœia, which was mainly carried through by the energetic action of Dr. Madden and of Dr. Drury, who at that time was also Secretary of the "British Homœopathic Society." This work was especially called for, as we were taunted by the other side "that our medicines were neither prepared nor dispensed with accuracy or precision." This was perfectly true. Much care, trouble and skill were brought into the work to ensure the purity and establish the quantity of the dose in our various attenuations. Since then our chemists so carefully prepare our drugs that we now know exactly what each dose is. Dr. Drury was greatly assisted by the chemists of those days, notably the late Messrs. Henry Turner, Ross, Pottage, Gould and others. The book they compiled is the standard work used by homœopathic chemists to-day, copies of which are also to be found on the shelves of the British Pharmaceutical Society.

LECTURES ON HOMŒOPATHY.

Nearly fifty years ago it was felt necessary by the homœopathic physicians of that day to establish a systematic course of clinical instruction and occasional lectures on homœopathy. These were given by Dr. Rutherford Russell, Dr. Yeldham, and others, but they imposed such a considerable amount of labour on the part of those who undertook the burden, that they eventually fell through.

In 1875 Dr. Richard Hughes and Dr. Dudgeon delivered a course of lectures at the London Homœopathic Hospital in Great Ormond Street on "The Principles of Homœopathy" and the "*Materia Medica Pura*," which were advertised in the *Times*, but the *Medical Times and Gazette* and the *British Medical Journal* considered the advertisement "was hardly fitted for their columns." Since then spasmodic efforts have been made to establish a "Homœopathic School," notably that initiated by my old friend Dr. Bayes. He argued, and rightly, that what "we wanted to establish is a system of education in homœopathy for the protection of the public, by insuring that physicians professing homœopathy should be qualified for such practice."

Most excellent lectures on *Materia Medica* have been given from time to time by Dr. Dyce-Brown, Dr. Galley Blackley, and others, while clinical instruction has occasionally been carried on in the wards of the hospital.

The newly established "British Homœopathic Association," which has its home at "Chalmers House," 43, Russell Square, W.C., is putting its shoulder to the wheel to further the interests of homœopathy in this matter.

What is urgently wanted at the present time is a teaching staff to consist of men of standing, experience and repute, who wholeheartedly believe in what they teach; and follow up this teaching at the bedside by prescribing pure homœopathy for their patients.

The London Homœopathic Hospital is naturally the sphere for this work. The authorities there are giving it their serious consideration. By this means they publish to the world at large the great advantage of homœopathy as a power in healing the sick poor. They thus advertise their existence as a philanthropic institution, and should consequently add to their funds.

BACTERIOLOGY AND THE INFINITESIMAL DOSE.

During the last forty years the fascination of the microscope has, by its influence on "Clinical Research," opened up such a field of interest in bacteriology as some of us in our student days never dreamed of.

To-day everything points to some *pathogenetic germ* as the Alpha and the Omega of all diseases, but while these labourers in science have been able by their laudable exertions to unearth some of the bacilli, I am inclined to think in very few, if any instances, having caught the "Mighty Atom," have they been able to inform us how to kill it; nor how to treat effectually the unfortunate being whose life and health may be in jeopardy by possessing it.

These most praiseworthy investigators tell us that vaccine lymph contains certain organisms no larger than *one-twenty-thousandth* part of an inch diameter, and if but one of these germs enter the blood all the phenomena of vaccination follow.

It has been said with great truth that neither the microscope, nor chemical analysis, nor the most delicately constructed balance, nor even the spectrum analysis have been able to detect the germ of scarlet fever or small-pox one may unfortunately pick up in a railway carriage or a tramcar, and yet this infinitesimal dose of poison can, as we all know, produce the most fatal results.

If organisms of such extreme minuteness, which are far and away smaller than the particles of a drug in our dilutions and attenuations, have been proved able to cause the most disastrous effects in the human body, and have been accepted as gospel, why should there be any surprise that the rightly and carefully chosen similimum of a homœopathic drug should not be equally far-reaching in its effect, but in a beneficial form, in the human organism?

We have a mass of evidence to prove the action of small doses in curing diseases, and even in the writings of those who profess to ridicule our system we find many instances in its favour. In order to make it certain it only remains for each searcher after truth to test for himself, if he will not take the evidence of others, as to "whether these things be so or not."

The globule won the early victories for homœopathy in curing its cases, and at the same time brought ridicule on the system; but "let those laugh who win."

Apropos of the effects of small doses, a Mr. Pearman, an allopathic doctor, published some years ago a pamphlet entitled: "The Great Sulphur Cure," in which he states "that a gentleman subject to asthma had a bad attack induced by accidentally inhaling the fumes of sulphur, and that in other cases of asthma, sulphur fumes proved curative," and ends the paragraph, which might have been written by members of this Congress, by saying "that the maxim '*Similia Similibus Curantur*' is just a plain common-sense truth on which so much nonsense has been raised."

RADIUM AS A CONFIRMATION OF THE INFINITESIMAL DOSE.

It is only some five or six years ago that Monsieur and Madame Curie astonished the world by publishing the results of their experiments with *uranium*. In it they discovered an *element* to which they gave the name of "*radium*." I am wondering whether the *nitrate of uranium* we, as homœopathic physicians, prescribe for our diabetic patients has this *element* of "*radium*" in it, and which may be or is the curative agent in diabetes.

I leave this interesting point to be worked out by "The Research Department of the British Homœopathic Association" !

It is a curious coincidence that homœopathy was first introduced into England by an intimate friend of Hahnemann in the person of Dr. Curie, the grandfather of the discoverer of *radium*, or rather, whose wife, by her experiments with "*pitchblende*," discovered this wonderful element known as "*radium*."

Of its uses medically they knew nothing; they simply knew "it will burn," and that is all they could tell us. We, as homœopaths, know its action on the skin is such that it will *produce* changes in the tissue *very like* malignant growths, and that it has also *cured* certain diseases of the skin and neoplastic growths.

Up to the present time *radium* has been going through the stage of experiment, and only recently does it seem to have claimed a place in therapeutics. It looks as though in certain diseases, whether malignant or otherwise, it may be curative. Much, however, seems to depend on the quantity administered, and this must be in the most infinitesimal dose, which the

orthodox school would hardly like to have it termed "a homœopathic dose" !

The price of *radium* is so great as to make it almost prohibitive, so that only a few will be able to avail themselves of its application. It has been given internally by homœopathic physicians, and even in the 30th dilution it has had surprisingly good effects in some forms of skin disease, when administered according to our formula, "*Similia similibus curantur.*"

During these last forty years a great many changes have taken place in medical thought, but the homœopathic physician still adheres to the principle of "likes curing likes," and continues to consider the "small dose as part and parcel of his belief" by following Hahnemann's dictum, to "cure your patient with the least possible amount of medicine." The small dose, however, has nothing to do with the doctrine of homœopathy.

HEREDITY AND THE SMALL DOSE.

This same idea has shown itself especially in the "Doctrine of Heredity" which has come so much to the front in recent years and is a confirmation of our theory of "infinitesimals." Has not "The Old Book" said : "The fathers have eaten sour grapes and the children's teeth are set on edge" ?

We not only see the taint of heredity in relation to blood diseases, we see it also in the same degree in nervous diseases, as being evidence in favour of the small dose.

What an infinitesimal, incomprehensible portion of nerve centre it must be, when handed down from parent to child, to produce such phenomena as are seen during an attack of epilepsy ! Have those who laughed at what they cynically call the "homœopathic dose" ever considered the minuteness of the influence of the dose heredity has in its action ? For instance, in what is termed "*Cerebration in utero,*" this infinitesimal essence is most remarkable and interesting, even in the matter of memory and dreams. This may not be considered as having much to do with my subject, except in the matter of the small dose, but it is a factor not to be sneered at nor ridiculed.

I know of an interesting fact, for the truth of which I can vouch, and which supports my argument.

In the month of July, many years ago, a family went to Eastbourne for their summer holiday, the mother at that time being five months advanced in pregnancy. Being a great admirer of the beautiful in Nature, she was very much impressed as she drove through the town at the charming idea of beautifying the streets by planting of trees, so much so that during her stay she much preferred walking under their shade to sitting on the parade or promenading on the pier. In the following November after that visit, her son was born. When the little fellow was 9 years old he was taken to Eastbourne, and while driving from the station in an open carriage he jumped up suddenly and looked around, to the surprise of his father and mother, and exclaimed, "O ! I have been here before." Yes he certainly had, but only *in utero* !

A few years ago, while I was on a trip down the Mediterranean as far as Naples, I struck up a friendship with a Scottish gentleman, a distinguished *litterateur*, who in conversation started the subject of "heredity," not knowing at all that I was interested in it. In confirmation of the theory he said, "When I was 14 years old, I went to stay with an aunt who resided in one of the old border castles on the other side of the Tweed. One morning, when she and I were at breakfast, I told her of an extraordinary dream I had had the night before, and when she enquired what it was about, I told her I had seen in my dream a terrible struggle between two men on the walls of the castle, when one of them threw the other over the parapet into the keep 60 ft. below, and so killed him. I described so vividly what I had seen in my dream, that my aunt with much excitement said, 'My dear nephew, never utter a word to anybody about that dream.' Seven years later I was on a visit to that same aunt, at the same castle, and sleeping strangely enough in that same room, and I had exactly the same dream. On coming down to breakfast the next morning I told my aunt what had happened, and asked her why she had forbade me on my previous visit to mention the fact. She said, 'Now that you have arrived at manhood there is no reason why you should not know. I may tell you, your great, great, great grandfather had a family feud, and he in his quarrel with his enemy on the walls of the castle was seen to do the deed by your great, great, great

grandmother, who on her deathbed divulged the terrible family secret.' "

BATTLES FOUGHT AND VICTORIES WON.

During the period under review there have been battles fought and victories won in which homœopathy has enlisted among its ranks many stubborn defenders of the truth to which we have pinned our faith.

Among these party strifes is the "Oliver Pemberton" struggle, so called because that gentleman started a crusade in 1875 to prevent homœopathic medical men being admitted members of "The Birmingham Medical Institute." This was fought out on the issue of "perfect freedom of opinion in the domain of medicine." The controversy was the source of much heat and bitterness, but finally, at a meeting of the Institute, at which over 100 members were present, sixty-four were in favour of our eminent colleague, the late Dr. Gibbs Blake, and other homœopathic physicians being admitted, and only thirty-five against it.

Later, in 1881, the columns of the daily press were occupied with a discussion on homœopathy in connection with the illness of the late Lord Beaconsfield. This great genius and politician having the courage of his convictions and faith in homœopathy, had for his medical attendant a homœopathic physician in the person of Dr. Joseph Kidd. Her late Majesty, Queen Victoria, looking upon Lord Beaconsfield as a personal friend, intimated that she would like Dr. Quain to be called in in consultation. He, of course, under such circumstances could not exactly refuse, and eventually Dr. Kidd retired from the case. There was great fluttering in the allopathic dove-cote.

Professionals and laymen among the homœopaths fought side by side doing gallant work and, as in the "Pemberton" cases, we came out victorious. All the public who were interested in it at the time said that "jealousy and prejudice were at the bottom of the whole conflict," as our opponents could not *realize* that we *cured* patients, and if we did they were annoyed that we should succeed where they had failed, showing "where the prejudice is strong the judgment is weak."

But the great campaign was that known as the "Odium Medicum," which was fought out in the columns of the *Times*. The first shot was fired by the late Lord Grimthorpe in our defence. The fight was fast and furious, lasting some weeks. The best fighters of both schools were engaged in the controversy. On our side were ranged the brilliant intellects of many laymen who splendidly supported the cause we were fighting for. After some weeks the combat was brought to an end, the *Times* closing the battle with a slashing leading article, which concluded by saying "the homœopaths had had the better of the argument." The editorial began: "We do not know exactly what end our orthodox correspondents have proposed to themselves; consequently it might be unscientific on our part to express any positive opinion upon their mode of conducting the controversy. If they wrote merely to relieve their feelings and comfort those who already agree with them, they probably have every reason to look complacently upon their own performances. But if they desired to convince homœopaths of the greatness of their delusion, or sought to enlist the sympathy and command the confidence of the lay public, we are quite sure they have made an egregious mistake."

Lord Avebury says: "Argument is always a little dangerous; you may gain your argument and lose your friend, which is probably a bad bargain. Few people know when they have the worst of an argument, and if they do, they do not like it; and moreover, if they know they are beaten it does not follow they are convinced." It is an old saying, "Convince a man against his will, he is of the same opinion still."

THE SCIENTIFIC METHOD.

We do not wish it to be thought we possess a sort of monopoly of medical wisdom and skill, but we do adhere to our principles, that in the matter of treatment we have the best of it, having a "*scientific method*" to depend upon. Professor Huxley said: "The 'scientific method' was nothing but organized common-sense, and I think no one here will dispute that statement, but it may not be out of place for me to add that the quality of common sense is not in the possession of mankind in equal proportions—to some it has been granted in

fuller measure than to others—but to most men a fair share has fallen. The man of science sees that no single view of a subject absorbs the whole truth, and though he is strong in loyalty to his own opinions, he is quick to respect the opinions of others."

We, as homœopaths, believe in our cause, and though humble-minded, we uphold and stand to our opinions with unhesitating confidence. We are not so narrow-minded as to think any one school is large enough to contain the whole of what is good.

Professor Dr. M'Clelland (Pittsburg, U.S.) says: "In America homœopathy advanced itself because it was worthy, and commended itself to the intelligence of the people"; while the late Dr. Dudgeon said: "The civilization of nations could be tested by the number of their homœopathic physicians, and for that reason it was certain that in the United States civilization had outstripped anything Europe could show, seeing they had between 3,000 and 4,000 homœopathic medical men in their midst."

OUR ALLOPATHIC OPPONENTS.

During these last forty years the medical opponents of homœopathy have positively refused to see a fact which can be proved to a demonstration before their eyes, viz., that homœopathic remedies selected on the principle of "*Similia similibus curantur*" are infinitely superior and more efficacious in the cure of diseases than any they make use of, because ours are chosen according to a law proved by induction and verified by a long "course of experiments." The homœopathic physician knows he has an unerring law to guide him in his practice, notwithstanding all the *à priori* arguments of their opponents.

It will come as a surprise to the public who have never heard of it that in 1883 St. George's Hospital was in such low water financially that the *Times* wrote a leading article on its necessitous condition, also mentioning the fact that a meeting was to be held that day at "Grosvenor House," to be presided over by His Royal Highness the Duke of Cambridge, to raise funds for the support of the hospital. Major Vaughan Morgan, who was at that time Treasurer of our London

Homœopathic Hospital, telegraphed to the Chairman of the Committee of St. George's at Grosvenor House, "I will subscribe £1,000 a year for five years to be devoted to beds, to be given up to homœopathic treatment." To this generous offer, strange to say, Major Vaughan Morgan never had any reply either by wire or letter !

Hahnemann said, "When it is a question of cure, to neglect to learn is a crime. He also said, "Don't take my word for it, verify the facts." You may take a horse to the pond but you cannot make him drink. A recent writer says, "In medicine it is particularly unfortunate to reject offered truth and discovery, because medicine is at heart both science and philanthropy, and the non-acceptance means both lack of knowledge and the non-relief of patients. If knowledge is strength, ignorance must be weakness !"

Nothing is more deplorable than the bitter pride and suspicion that mark, and have marked, for all these forty years the so-called orthodox school in this and other countries, as though that school only had the key to unlock the storehouse of Nature to the exclusion of every other. This is provocative of profound contempt of all sane and sensible minds. The ordinary Englishman, who is known nowadays as the "man in the street," is indifferent to the petty strife which exists, and is quite ignorant of the intolerance of the old school, who say "many things against us falsely," lest by our superior mode of treatment we should succeed where they have failed; forgetting, if they ever knew, that homœopathy is completely *en rapport* with the present day physiology, pathology, and other cognate sciences.

One had always been led to suppose that all medical men had at heart the cure of the sick, the lame and the halt; that medicine was an honourable and liberal profession entirely for the benefit of the public at large; yet a large number of men ring out a war-whoop against homœopathy, which is a branch of science they will not even look at.

We, as homœopaths, are simply medical men who seek the improvement in the art of healing by studying the action of medicines on the healthy body, according to Hahnemann's theory of "*Similia similibus curantur*," because we believe it is better than any other, and would give it up to-morrow if we were shown a better.

There is one factor which in the eyes of some militates against homœopathy, and that is, in acute curable cases it cures its patients too quickly—not too quickly for the patient, nor for the doctor; but the other side puts its tongue into its cheek, and laughs, saying, "The case must have been one of wrong diagnosis."

ALLOPATHIC OPPOSITION.

There have been great campaigns for the furtherance of civil and religious liberty, which rights were not readily granted nor easily obtained. What more logical, then, that *our* cause should be one of "Civil and Medical Liberty"? and in fighting for it, we do not intend to bate one jot or iota of our faith to gain the favour of the old school whose opposition is brought to bear against us.

Even the Church, with its old dogmatism of the past ages, as regards the traditional theory of "Apostolic Succession," is beginning to acknowledge, by some of her bishops, that that was the one hitherto insuperable obstacle to the recognition of the Nonconformist churches, and that the apostolic succession theory was a thing of the past.

Hahnemann, in a letter to Dr. Stapf, says: "Believe me all these attacks only weary the assailants of truth, and in the long run are no obstacles to progress. We do well to let these specious but nugatory articles alone, to sink themselves into the abyss of oblivion and natural nothingness. All these controversial writings are nothing but signals of distress alarms given from a sinking ship. To me they are simply ridiculous and not worth the time spent in their perusal." And in another letter he says: "That those who find their toes trodden on by the new system should utter cries of malice and rage is perfectly natural, the only remark a dispassionate man of sense makes upon such outcries is that they show the case to be serious and that they wish to overwhelm a better system than they practise, because they are too indolent to study it or too proud to admit they are in the wrong. What is true cannot be minted into falsehood by the most distinguished professors."

During these forty years the conduct of the allopathic fraternity as a whole is one of unwarrantable impudence. One

would think the mantles of Hippocrates and Galen and others were their sole property, so that they, as it were, were of the "Apostolic Succession." Have we not all gone through the same schools? Have we not been educated for our profession on the same lines, passed the same examinations, many of our *confrères* gaining the highest possible honours, thus giving us the same right to practise as they have? Some, however, are disposed to fraternize with us, and while it would be delightful for a brotherhood to exist between us, the day is not to be hastened by those who are ready to lick the blacking off the allopathic boots.

I so agree with Dr. Clarke in his address to the British Homœopathic Society, that I cannot refrain from quoting it for the benefit of those who were not present to hear it, nor have had the opportunity of reading it. He asks: "What is our duty as homœopaths to the allopaths? My reply is that we ought to leave them severely alone. Individually, allopaths are no doubt jolly good fellows, like the rest of us, but the allopathic body as such claims no allegiance and no respect from us. The "profession" is one thing, the "allopathic sect" is another; we are as much of the profession as they are, and are just as much entitled to make our own rules as they are, and just as little entitled to impose rules of our making on them as they are to impose rules on us. Our business is to go our own way absolutely regardless of anything they think, do, or say, to treat them, in short, exactly the same way they treat us. If they presume to talk to us about manners, ethics, or etiquette, we can reply that when their representative journals and societies freely welcome our communications, we will listen to anything they have to say about 'manners' and not before."

For my part, I do not see why we should distress ourselves about the enemy "taking to" homœopathy, and why we should spend our energies in trying to persuade them. It is against our interest in doing so. As long as the public are satisfied with our treatment, what matters? For those of the public who are in accord with our views I am thankful, but extremely sorry there is so much ignorance concerning homœopathy among the great body of the people generally.

We are sometimes told homœopathy does not "go ahead"

with the public because there are those amongst us, supposed to belong to our school, who do not believe in the system they practise. It is these very men whose duty it is to give their reasons for not believing it! During all these years the homœopathic public have stood by us, and when they demand homœopathic treatment we should see they get it. Homœopathy must be true to itself; there must be no departure from our principles in order to win favour from the opposite camp by "running with the hare and following with the hounds."

The old school still use their utmost exertions, by every petty meanness and contemptible action, to try to take the butter off our bread; why, then, should we help to put the butter on theirs?

THE OPPOSITION OF PUBLISHERS AND JOURNALS.

In the forty years we are looking back upon, we have seen this jealousy carried so far that not only have we been refused admission into allopathic societies, but their medical journals have closed their doors to us, so as to prevent anything savouring of homœopathy appearing in their columns. Pressure has been brought to bear on publishers and booksellers, compelling them to refuse to publish or even sell homœopathic works. Some years ago the *British and Foreign Medical Review*, within a week of publishing an article on homœopathy in its pages, received 1,400 notices from subscribers stopping their subscriptions.

This conduct drew the attention of the medical profession of that day in Germany, and the following comment was made in an allopathic journal, the *Berliner Medizinische Central Zeitung*: "The agitation against homœopathy has given rise to excesses which are more than laughable, they are utterly contemptible. At the instigation of some fanatical medical men, a large publishing house in England has announced that henceforward it will neither publish nor sell any homœopathic works, and it is expected other publishers may follow their example. This mode of attempting to stop the child's mouth is absolutely revolting, and all the more barbarous, occurring as it does in a land where the right to give expression to one's opinion is sacred. That it must fail

to be of the slightest use is so self-evident we cannot comprehend the blindness with which Englishmen, who are generally held to be so calculating and practical, have acted in the matter."

A Liverpool daily paper says : "The public are not troubled by the angry denunciations of the *Lancet* and the *British Medical Journal*; they will judge by results. A journal which will go to the length of excluding advertisements having reference to homœopathy is hopeless; it can only be remembered in our prayers."

And yet these journals which consider it their mission to maintain the "honour and dignity of the profession" will stoop to receive advertisements of "patent quack medicines, cheap wines, and bitter beers," while they refuse even to-day to advertise our lectures or the £150 scholarships in connection with the British Homœopathic Association and the London Homœopathic Hospital "as being hardly fit for their columns."

ALLOPATHIC POACHING.

By repression, misrepresentation, and by isolation, have the majority of the profession during the last forty years been trying to smother homœopathy, while at the same time they have poached in our preserves and fished in our waters, and, without the slightest acknowledgment, used our remedies. Whoever heard of *aconite* in inflammatory conditions, *arsenic* in cholera and gastritis, *ipecacuanha* in vomiting, *bichloride of mercury* in dysentery, *kali bichromicum* in ulcer of the stomach, and many other medicines, until they were unearthed by the homœopath from the great book of "Similars"?

We are often taunted that, as homœopaths, we have made no discoveries. Who but the homœopaths discovered the many remedies now so freely used by allopaths? What about *cactina pellets*, so much prescribed by them nowadays in functional heart troubles? Who brought this drug to the fore but Dr. Rubini, a brilliantly clever homœopathic physician in Naples, and who among us would care to be without it in treating some of our cardiac cases?

Claude Bernard, in his physiological experiments with *nitrate of uranium*, produced diabetes so exactly that it could

not be distinguished from the malady occurring idiopathically. This, however, was proved by our much-lamented Dr. Gibbs Blake, and yet we find the enemy now prescribing it in cases of diabetes in their practice.

It would make Rip Van Winkle open his eyes with astonishment to see the change in the old school treatment of the present day, and all brought about by the permeating influence of homœopathy.

When Dr. Sidney Ringer's "Handbook of Therapeutics," which is a very superior book of its kind, was first published, the *Lancet* as much as said "Dr. Ringer could not have written a more homœopathic book had he been a homœopath."

What are we to say of medical duplicity when allopathic physicians, not having the courage of their convictions, are known to have their prescriptions made up by homœopathic chemists, even to the zooth dilution?

This lack of honesty is instanced by Sir Samuel Wilks in an article on "Aconite and its Uses in Inflammatory Fever." He says: "As regards aconite, I am acquainted with two medical men who in the course of a long practice have been in the habit of using it daily, but have not cared to speak of it openly for fear of having their names associated with an eminently quack system; and it may be mentioned that the late Mr. Liston brought no little odium on himself on account of his advocacy of the drug in erysipelas."

I wonder whether Sir Samuel, in his vulgar prejudice in insulting men who claim an equally cultured experience as his two friends, saw the testimony given, not by a homœopath, but by an allopathic professor of *materia medica* in the University of Gratz, who to his students said: "It was Hahnemann who first introduced and recommended *aconite* in pure inflammatory fever, with or without eruption, as well as in inflammatory diseases generally, in obedience to his principle, '*similia similibus curantur*,' by which the effusion of blood, except in exceptional cases, is wholly obviated. If we were under no other obligation to Hahnemann by this simple discovery, he would, like Jenner, deserve to be ranked among the greatest benefactors of suffering humanity."

DRUGS.

During the last forty years the chief object of the profession has been in the direction of "preventive medicine." Sanitary science and hygiene are doing great and praiseworthy good, even to the point of "killing the goose that lays the golden eggs." The faculty has no law of cure to depend on. In preventing diseases rather than curing them, the very existence of the bulk of the profession in the future is threatened, and perhaps it is just as well, seeing the fraternity has no belief in drugs.

The incredible variety of medicines thrown on the market and thrust on the profession in recent years by speculative and pharmaceutical chemists is enormous; not one in a hundred of them has any scientific basis, except in the brains of a few unreliable so-called savants. Hence it is we so frequently hear of sudden deaths from "heart failure" in otherwise healthy constitutions, who have been treated by some allopathic remedy, and this is especially so in influenza. Surely it can only be one of these new remedies of which the administrators know nothing.

Some of us remember when *chloral* was launched. It went through the usual stages of new allopathic drugs, being first belauded as "unique," later it was a "popular panacea," later still it was violently abused by both doctors and the public, and finally thrown on one side as doing more harm than good. And well it might, when, to begin with, a dose of 20 grains would be given at night, and eventually ending by 150 grains in twenty-four hours. These remarks apply to a host of other drugs, such as *phenacetin*, *antipyrine*, &c., which are quite as dangerous as *chloral* and as soon to be relegated to the lumber basket of useless and dangerous rubbish.

As showing the "hit or miss" manner of prescribing by our opponents, I had once an assistant who had been with an allopathic doctor. Before he had been with him many days he noticed nineteen out of twenty of the patients were given the same physic, drawn by a tap from a large stone jar, standing in the corner of the surgery, over which the letters L. H. P. D. were painted. On enquiring of his principal what they meant, he replied it was "A London Hospital Pharma-

copœial Decoction," but I call it "Lord Help the Poor Devils who take it !"

HOMŒOPATHY AND THE PUBLIC HEALTH.

Of late years "the health of nations," according to a recent writer, "has become an even more absorbing study than the wealth of nations. We live in an age of surgical and medical miracles, the forces of disease are more and more subdued, the weak who would formerly have perished are preserved, and the average span of life lengthened."

To my mind the health of the public is a most important asset of the State, and consequently a system of medical treatment which cures its cases more pleasantly and more quickly, and with little or no so-called convalescence, as homœopathy does, thus enabling the patient sooner to return to his duties, saves a man's money, whether he be engaged on the Exchange, behind the counter, workshop, or the factory.

The country had been stirred of late at the enormous death-rate among children. Have we not eleven millions of children in our midst who form the nursery-garden of the nation and are its most hopeful asset? According to some authorities the frightful death-rate is to be lowered by sanitation, hygiene, and pure milk. My conviction is this great mortality would be checked if these little ones were treated homœopathically. The nauseous medicines which have to be forced down their little throats by mothers and nurses must certainly do them more harm than good.

The old school, with its usual depreciation, says that "Homœopathy is only good for children"; if that is so, then surely "diseases of children" is the very sphere in which to put it to the test. If this were done, the result would certainly not only commend the system to the practitioners themselves, but to the public at large.

I am sure many of my *confrères* here can say with satisfaction they have never lost a case of scarlet fever, measles, croup or whooping-cough, to say nothing of other diseases, under homœopathic treatment.

Our medicines have very little, if any, taste, so that their pleasantness appeals to the little folks, which is a great advantage. These little ones certainly have no "faith," and this

therefore disposes of the idea that homœopathy is only a question of faith. I assert that any man or mode of treatment making for the better health of the public, as homœopathy does, is a benefactor to the State and therefore deserves "State recognition."

ALLOPATHIC CONSULTATIONS WITH HOMŒOPATHS.

During the past years the "ring fence" of opposition, by which many of us felt we were more or less enclosed, is not the "bugbear" it once was.

There was a time in days gone by in which we were greatly exercised in our mind by this fact, that if we were in any difficulty, by virtue of our isolation, and a second opinion was urgent and necessary, our opponents snubbed us by refusing to give us a helping hand. We were probably greatly concerned about our patient, we had given the case every care, we had considered it from every possible point of view, we were quite satisfied with our diagnosis and our treatment, and yet we felt we should like another to share our burden and so divide the responsibility; this being especially the case in surgical emergencies.

This happily is now all at an end, for with such a phalanx of exceptional ability, reputation, and skill as we have in London and the provinces, in the persons of Knox-Shaw, Burford, Neatby, Wright, Johnstone, Cash-Reed, and others, we are entirely independent. With the telephone at our elbow we can call to our aid the best abilities of the profession in our own ranks, and their successes have been mainly due to the employment of homœopathic remedies in the after-treatment of their cases.

HOMŒOPATHIC HOSPITALS AND DISPENSARIES.

Our homœopathic hospitals compare most favourably both in medicine and surgery with results obtained in the hospitals of the old school.

Our London Homœopathic Hospital in Great Ormond Street has been established sixty years. Its income in 1870 from the usual sources was £2,700. Last year, *i.e.*, 1908, its income was £36,502 12s. 9d. In 1871 we had *five* nurses; to-day we have sixty-four. In 1871 we had forty-five beds; to-day we have 104. Those of our friends who were fortunate

enough to be present yesterday at the interesting function of laying the "Memorial Stone," by the Right Hon. the Lord Mayor of London, of "The Sir Henry Tyler Extension," or new wing, will have heard with pleasure that on its completion we shall then have a full complement of 170 beds. I have been unable to obtain the number of the patients treated in the wards in the early years under retrospect, but during 1908 there were treated medically 28,855 and surgically 22,174, making a total of 51,029, while from the foundation of the hospital the number of in-patients and out-patients make a grand total of more than half a million—563,042. Since the London Homœopathic Hospital was first opened the total amount subscribed to that institution is £453,034 19s. 5d. These facts are a sufficient guarantee of the estimation in which the hospital is held in the minds of the public. The work it does is needed, and we know it is done efficiently and successfully.

The Hospital Sunday Fund was created in the early seventies, and in its first year our hospital came in for £239 11s. 8d. as its proportion of the fund. Some idea of the status of the hospital in Great Ormond Street may be seen from the fact that twenty-eight hospitals received a smaller amount and twenty-four a larger. Last year (1908) we received £495 from that same fund; from King Edward's Hospital Fund £550, and the Hospital Saturday Fund £138.

HOMŒOPATHIC NURSING INSTITUTE.

I cannot leave this part of my address without mentioning in connection with this hospital, that we have in recent years established a nursing institute which sends out fully-trained, capable women to help our physicians and surgeons in private practice. I cannot find words to express the value I put upon these nurses. I have employed them for many years, having had as many as seven nursing for me at one time. From my experience of them I can speak in the highest terms and say with truth I have always found them most intelligent, competent, reliable, and more—having been taught the value of symptoms, I have never known one to lose her head. This is a great comfort to a medical man, as he knows he is not likely to be sent for for every trivial fresh symptom that may

arise, while to the patient it imparts a sense of confidence and peace of mind.

To return to the subject of hospitals and dispensaries, I have endeavoured to obtain information for this Congress, but only a little more than one-third have supplied me with the necessary figures. From the statements furnished by the secretaries who were kind enough to reply, I find during the last ten years at these institutions more than 729,481 patients have been treated, and £23,861 14s. 1d. has been subscribed by the public. The money thus raised by the various hospitals and dispensaries in furtherance of homœopathy amounts to more than half a million pounds. This, ladies and gentlemen, does not look as though homœopathy was indigent, decadent, or bankrupt, or even moribund.

"Nothing succeeds like success." It is the success which can be seen in our hospitals and dispensaries, as well as in private practice, which is the *bête noir* to our opponents. If they would give our system a trial they would be able to solve the problem for themselves. It is something gained to get a man to read and try to understand what homœopathy is; but take him to the bedside and let him see for himself the cases cured—he then cannot for very shame shut his eyes to facts so palpably cogent and convincing.

LITERATURE.

During these forty years our homœopathic writers have not been idle, one of the most important contributions being from the pen of the late Dr. Richard Hughes, and known both at home and abroad as "Hughes' Pharmacodynamics," a most reliable book, not only for students, but for all professional men. It is not only found on the shelves of our own school, but may be frequently seen in the libraries of the enemy, who thus have an opportunity of studying pure homœopathy at their sweet will, and from its pages cull the gems they palm off as their own.

The classic book, however, which after years of toil was brought to its finish mainly by Dr. Hughes is "The Cyclopædia of Drug Pathogenesis," and without which no homœopathic physician's library would be complete. This work has

been received over the whole world, and our American colleagues speak of it in the highest terms.

Coming, however, to domestic and less purely professional publications, such as "Ruddock's Text Book," "Vade Mecum," &c., through the courtesy of "The Homœopathic Publishing Company" my enquiries have elicited the fact that the number of copies of homœopathic works issued by them has reached to upwards of 1,591,000, the vast majority of which found their way into the homes of the public, and thus shows how homœopathy pervades the family hearth.

Messrs. Leath and Ross, the publishers of the old standard "Laurie's Domestic Medicine," inform me this work has gone through twenty-nine editions, and the 30th is about to be reprinted, and its epitome is in its 39th edition, and the Family Guide in its 102nd, so that more than a quarter of a million copies have been sold. Messrs. James Epps and Co., in answer to my enquiry, have informed me that since 1880 they "have published and sold upwards of 100,000 copies of various homœopathic works." These three firms alone have published over 2,031,000 copies. It is by such publications that homœopathy is promulgated, and I for one am glad when I find such works on the bookshelves of the people. It is one of the greatest factors in the spread of homœopathy among the very public we want to reach, and is a form of propagandism bound to succeed. The tens of thousands of "The Homœopathic League" tracts, written mainly by the late indefatigable Dr. Dudgeon, have done much by their distribution to disseminate the truths and principles of our homœopathic treatment, and should be circulated far and wide.

RÖNTGEN RAYS.

During the latter half of the period under review we have had quite a "boom" in medical surprises; it would, therefore, be a dereliction of duty on my part if, before bringing this address to an end, I did not say something of how the startling introduction of the Röntgen rays into practical medicine and surgery has been in many instances the confirmation of our law of similars in the cure of diseases.

The late Dr. Edward Madden, in his excellent paper on this subject, read at the Oxford Congress in 1907, said: "It

is no strain on our belief to accept the proposition that all external agencies capable of disturbing or restoring vital processes are subject to the same law as we have long known the curative action of drugs to depend on, *e.g.*, the X-rays are known constantly to produce a falling-out of the hair, and equally frequently they have been curative in cases of alopecia.

"The action of the X-rays, on the skin, in some instances produces such a perfect picture of eczema that," as Dr. Madden says, "we homœopaths are not in the least surprised that eczema is one of the complaints over which X-rays triumphs very frequently, even in cases which have proved very rebellious to all other local treatment."

In Dr. Belot's work on "Radio-therapy in Skin Diseases" (translated by S. W. Deane Butcher, a former member of the British Homœopathic Society) the author, who is an allopathist, says: "Instances have been reported of the occurrence after exposure to X-rays of epithelial tumours on the cicatrix following *dermatitis*. Thus X-rays, which usually cause regression of neoplastic growths, may in certain exceptional cases determine their production." He also says that "bio-activity of certain cells is stimulated by *slight* exposure to the X-rays, whereas the same cells are withered and destroyed by a *longer* exposure."

Professor Rowntree, of the Middlesex Hospital Cancer Laboratories, in a recent lecture says: "Evidence is brought forward which goes to show that X-rays have, in fact, two separate and distinct actions. In relatively large doses they have a paralysing action upon cell activity, whereas in small and oft-repeated doses they bring about exactly the opposite condition, and stimulate the tissues to abnormal activity and increased growth. I am of opinion these observations may have an important practical application in connection with the treatment of cancer."

The London *Medical Times* says: "Cases of malignant growths caused by Röntgen rays are not unusual, and several have been described by English and German authors; they were nearly all carcinomatous. The genesis of the 'Röntgen Cancer' is still inexplicable in view of the fact that by the *same kind* of rays a cancer may be both *produced* and *cured*."

Ladies and gentlemen, if this is not pure homœopathy I do not know what is !

SERUM-THERAPY IN RELATION TO HOMŒOPATHY.

Among the "bombs" that have been shot into the midst of the medical world, producing a great sensation at the time, Koch's so-called discovery of "Tuberculinum" as a cure for tuberculosis must be mentioned ; though, two years before, he was anticipated by our colleague, the late Dr. Compton Burnett, by his discovery of "Bacillinum," which latter is in daily use by men of our school as being purely homœopathic in its action. Just now the medical world is in a fever heat with regard to "Opsonins and Vaccine and Serum-therapy." Our talented colleague Dr. Johnstone, who was first in the field with definite view as to the relation of serum-therapy to homœopathy, read a paper on this subject at the Annual Homœopathic Congress held at Bristol in 1897, and again brought it before the Oxford Congress ten years later. It is still *sub judice* in the minds of some of our school whether toxins are homœopathic or isopathic, though the balance of opinion seems to lean in favour of the law of "Similars."

It is certain the antitoxin treatment of diphtheria, if statistics are to be relied on, has lowered the death-rate in that terrible disease from 15 per cent. to 7·6 per cent., as seen in the cases treated in the wards of our London Homœopathic Hospital. The conclusions arrived at there were :—

(1) "That pure homœopathic treatment gave a lower mortality than the old school treatment.

(2) "That homœopathic treatment, combined with serum treatment, gives a lower mortality than the average serum treatment aided by allopathy" ; and, Dr. Johnstone says, "of these results we as homœopaths may be justly proud !"

I have had a large experience in treating diphtheria, and have such unbounded faith in homœopathic medicines that only once have I used antitoxin, and in that case the patient was already on the road to recovery.

FINALLY.

In conclusion, if homœopaths, lay and professional, worked with true and genuine enthusiasm for the system they profess,

homœopathy would have nothing to fear in the future. In the early days every man professing homœopathy thought and talked homœopathy, and was only too willing to tell of his happy experiences and the brilliant results of his treatment, simply because, after a man has been converted from the error of his ways, by reason of the fact that he was originally an unbeliever, or a sceptic, his zeal is all the greater, as his faith is built up by "patient investigation following honest doubt."

Has every homœopathic physician conscientiously done his duty by curing his patients as quickly as possible, by making each case an advertisement, not of his skill, but by showing what homœopathy can do for the public, which public, when it finds it can be cured more quickly and pleasantly by homœopathy, will certainly put it to a further test when next they need a doctor, and when they ask for homœopathy will want to be sure they genuinely get it?

Nor should we think merely of ourselves—our duty is to our cause, and not self-advertisement, in this *impasse*. The great French surgeon, Mons. Paré, who discovered how to tie an artery, was wont to enter in his diary: "I dressed him, and God healed him!"

We must see to it that our armoury and work are not of the past. Our ceaseless effort on every possible occasion, by the virtue of our successes as healers of the sick, is to secure a verdict in favour of homœopathy from the public themselves. The foundation of our faith in Hahnemann's doctrine has been strengthened, its materials have been enriched by the whole course of the controversies which have been carried on by men of "The Old Guard," by Drs. Black, Drysdale, Bayes, Pope, Clifton and Dudgeon in the past, and by Drs. Dyce Brown, Herbert Nankivell, Clarke, and others of the present day. We must find the justification of our faith by the cures we make in our hospital wards, in private practice, and in the thousands who flock to our dispensaries.

The law of "Similars" in medicine is, to my mind, as true as Sir Isaac Newton's "Law of Gravitation" in the physical world, and after all these years its principle is as true as ever, though the mode of the dose may be varied. Let us therefore continue to build on the foundations laid by the early fathers, and have a homœopathy which repeats in the twentieth cen-

ture the glorious experience of the last. Since homœopathy has only been introduced into England about eighty-two years, what splendid progress we have made! Forty years ago there were only sixty or seventy homœopathic physicians in this country—to-day we number over 300. We thus may appear a feeble flock as regards medical men, in comparison with those of the old school; but the number of patients we have in hospital, dispensary, and private practice compares favourably with those of our opponents. The young men in our ranks who were charmed with the wonderful results they saw for the first time in our wards, as compared with what they had seen in allopathic hospitals, must remember to keep themselves well up to the mark. This will involve ceaseless thought and study, or they will be likely to lapse into a "slipshod" habit of treating their patients by the "rule of thumb," and then wondering why the medicines they prescribed have not produced the results they anticipated, instead of patiently seeking out the medicine covering "the totality of the symptoms."

I would like to impress upon them not to let outside subjects, such as politics or even religion, so engross their reading hours that they cannot find time to devote to our homœopathic authors and writers. We have enough solid literature to fall back upon which, if consulted more frequently, would be much better for the patient as well as the doctor.

Some of us who have borne the burden and heat of the day are as aged warriors, and look to the rising soldiers in homœopathy to bear the brunt and win the battles of the future. We older ones must beware of "staleness" and not rest on our previous laurels, but be ever ready "to stick to our guns" and continue to "give a good reason for the hope that is in us." However wide may be our range of scientific reading and teaching, the Hahnemannian doctrine of "*similia similibus curantur*" must pervade the whole. There certainly should be, and still is, a wealth of enthusiasm in our ranks, if we only knew how to arouse it.

We have a great opportunity and a high responsibility, and should have the courage of our convictions and, with tact and dignity, stand to them like men.

The greatest blessing God has given us in this world is life;

when that is gone we are as dust. A man may through misfortune lose his property and money, and yet eventually recover his financial position. But his life once gone is gone for ever, and yet our patients trust their lives and the lives of their children to us! Is not ours a tremendous responsibility? One thing is certain: at the close of a hard day's work we have the satisfaction that we have not administered any medicine which has been injurious to our patients, while we enjoy the happiness of having done all we could to the best of our abilities for those who have been under our care.

I have just recently been reading again Charles Dickens' "Bleak House." The heroine of the story became a doctor's wife, who is made to say in reply to a question put to her: "We are not rich at the Bank, but we have always prospered and we have quite enough. I never walk out with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises or see them in grateful eyes. I never lie down at night but I know that in the course of the day he has alleviated and soothed some fellow-creatures in time of need; I know that from the beds of those who were past recovery thanks have often and often gone up in the last hour for his patient ministrations! Is not this to be rich?!" This extract referred to an allopathic doctor, but it applies equally to the homœopathic physician.

This "retrospect" may to some of my friends appear somewhat archaic and waste of time, but the man "who stands back and looks at his work is not losing time," or, as Ruskin says, "There is no music in rest, but there is the making of music in it, and this making of music is not in the interruption, but with the opportunity it gives for reflection." We must all acknowledge the time we live in demands our reflection, for it is one of constant change and transition.

"The old order changeth,
Yielding place to new,"

applies to medicine as much as it does to other matters.

With the flag of "*similia similibus curantur*" flying at her masthead, our "Dreadnought" has stood the strain and stress of "*The Battle and the Breeze*." But she still forges gallantly through the waves of opposition, and will continue to do so until she reaches the harbour of Recognition and Peace!

At the close of the President's address—

Dr. JAMES JOHNSTONE said: On the suggestion of our worthy Secretary, I rise to propose a vote of thanks to our President for the most admirable address he has given us this morning. That address must have been exceedingly interesting to the seniors amongst us—we who, with our President, have passed through the battles and fights for homœopathy during the last forty years. To the elders it is a matter of congratulation that homœopathy has passed through these battles so successfully; while it is a matter of education to the younger of us, and a help to go forward and do in the future as our President has done. Dr. Burwood, being a busy man in the actual practice of homœopathy, has spoken from the heart to-day and from his experience. And I am quite certain from the way in which the address was listened to—I have not heard a sign of weariness round about me, although you have listened for forty minutes to this address—and the attention that has been given to it is a tribute to the work of the address and of him who has delivered it. I therefore propose a very hearty vote of thanks to our Chairman for his presidential address.

Dr. WILLIAM CASH REED said: I have great pleasure in seconding the proposition of thanks to the President for his most interesting address. I believe the presidential address is not open to criticism; but, even if it were, there is little to criticize, and we must simply commend what we have heard. I agree with all that Dr. Johnstone has said in reference to this stimulating address. Any man who stands up and speaks from the heart is bound to carry his audience with him. The address from our President to-day will be stimulating and refreshing to us all.

The PRESIDENT: I thank you cordially for the manner in which you have received the proposition in reference to myself, and for the attention you have given to my address. The points I have aimed at presenting were those which seemed most likely to be helpful to the audience before me. I hope, ladies and gentlemen, that we shall have a very delightful Congress. As business begins at once and is open to members of the Congress only, other friends will kindly retire as quickly as possible.

Dr. D. DYCE BROWN: Allow me to say, ladies and gentle-

men, that we are much obliged to the friends of members who have been good enough to come and hear the presidential address. We are sorry that we cannot ask them to remain longer.

After reference by the President to arrangements for receiving subscriptions to the Congress, Dr. BROWN further said: I have much pleasure in announcing the receipt of a communication from Dr. Arnulphy, of Nice, presenting his respectful compliments to Dr. Burwood and to the members of this Congress, and expressing deep regret at his inability to be with us, to profit by that experience and to renew old acquaintanceship; but he sends his best wishes for a successful meeting. A similar letter comes from Dr. Reed Hill, of Ipswich, who is, at the last moment, prevented from joining us.

The Minutes of the last Congress having been approved by the Council, it was agreed by the present meeting that those Minutes be confirmed.

The subject selected by the Council for the papers and discussion was "Tuberculosis."

The first paper, entitled

THE THERAPEUTICS OF TUBERCULOSIS IN GENERAL.

BY CHARLES EDWIN WHEELER, M.D.LOND., B.S.LOND.

MY subject is a very wide one, and before attacking it I should like to explain the scheme I have followed. Tuberculosis may affect any tissue of the body, and any remedy out of a vast number may conceivably be indicated for a homœopathic prescriber; therefore, unless I set up some boundaries of my own, my subject is obviously beyond the limits of a single paper. I have here no concern with diagnosis or pathology, except incidentally, and I do not propose even to take the regions of the body *seriatim* for survey, especially as several of the more prominent and ordinary sites of tubercle are to be dealt with by later speakers. My aim is to lay down for you, as I see them, the broad lines of treatment that might guide us in almost any case of tubercular disease. I shall briefly touch first on treatment other than drug treatment.

Then—as, after all, I am addressing homœopathists, and drug treatment is our specialty—I shall proceed to that, first indicating any remedies I think of value that are used by orthodox authorities, proceeding thence to the use of tuberculin, thence to other nosodes, and finally to drugs other than nosodes. But in this last section, as to give you suitable indications for the use of even a fraction of the possible remedies would demand more time than is at my disposal, I shall have to content myself with certain typical drugs, and endeavour to place them before you in their appropriate spheres. Without more preface, then, I turn to general treatment other than drug treatment.

The importance of nourishing diet, reasonable rest, and fresh air has been long recognized, and the development of the open-air treatment for phthisis has led to a wider appreciation of the inestimable benefits of fresh air and sunlight in other forms of tubercle as well as the pulmonary form. There is little new to be said about this, but I may comment on the now fashionable practice of sending patients to the High Alps for open-air treatment, rather than to English sanatoria with their moister climates. My view is that for young people up to the age of 25 the Swiss sanatoria are generally useful ; that beyond that age it is preferable for a patient, whom we believe to have any powers of reaction to treatment, to attempt a cure in the land in which he proposes afterwards to work. The dry mountain air often disposes of cough and sputum and bacilli, all three, however, reappearing on return to an English climate, necessitating further Swiss visits till the patient becomes a chronic invalid ; whereas, if the same condition is reached (as it frequently is) in an English sanatorium, there is far greater chance of permanent relief. Of course cases where cure is despaired of, and palliation only looked for, may, and often do, benefit by the more stimulating mountain air, and only the heart condition has then to be considered in choosing an altitude. With regard to diet and feeding, wide experience has shown that the forced feeding of earlier sanatorium days is unnecessary in good cases and harmful in bad. All the same, in phthisis pulmonalis, at any rate, the patient's inclinations are not quite a safe guide. Watch the weight week by week, and then a little timely encouragement

will induce many cases to put on the flesh that most tubercular cases need, though there is no advantage in merely fattening them.

Of articles of diet milk is a great stand by, preferably unsterilized, if the dairy can be trusted. Tubercular cases, especially pulmonary ones, frequently have low blood coagulability, and the lime salts of milk are valuable to maintain this important function at a good level. Sanatogen and ovaltine are valuable, perhaps additionally because of the phosphorus they contain. Plasmon is a useful adjunct to feeding. Raw meat was very fashionable a few years ago, and often carries a patient round a corner. It increases leucocytosis and may therefore be of use in encouraging bodily resistance as well as being a food. Give it finely minced, in sandwiches of thinly-cut dry bread, or as soup with warm stock poured over it, not hot enough to blanch it.

The function of exercise has recently been more elucidated and its empirical use justified. If a case can gain weight while exercising that is good. If (*e.g.*, in joint affections) walking is impossible, massage should be given regularly, but both walking or other active exercise and massage need to be used with judgment. Both promote auto-inoculation of tuberculin, and both are apt to produce effects similar to those of a dose of injected vaccine—a negative phase followed by a positive. Both therefore need watching to prevent undue depression of vital resistance. The temperature is a good clinical guide. A patient whose morning rectal temperature is 37° C. or higher should be kept strictly at rest, and a patient whose temperature touches 38° C. after exercise is doing too much. As healing proceeds exercise causes less and less auto-inoculation, and the small doses that are then received are very beneficial. The excellent results achieved at the Brompton Hospital Sanatorium by graduated exercise, going on in time to quite laborious work, show that not only were the earlier fears of sanatorium physicians with regard to hard physical labour unfounded, but that a patient who has been brought steadily to the point of doing hard manual work has a much better chance of resuming ordinary life with impunity. Exercise of this kind applies chiefly to pulmonary cases; glands can be made by gentle massage to give auto-inocula-

tions, but it is preferable to let them alone and administer tuberculin by the mouth or subcutaneously. To apply X-rays to them is a better method ; this not only raises the opsonic index, showing an auto-inoculation, but possibly also kills giant cells ; one-third of an epilating dose once a week is recommended, and if cases fail to respond to other ways of giving tuberculin this method is well worth a trial. The light treatment of lupus still remains one of the best, but that point I will leave to the expert who is to deal with tubercle of the skin. We must not forget, in reviewing sanatorium treatment, that sunlight counts as a direct factor. Sunlight will affect a photographic plate through the thickness of the body, and as it can stimulate metabolic activity and increase the number of red blood corpuscles, we may well look to it to benefit cases. Even suppurative lesions may be directly helped, as the rays are inimical to germ life. The great thing in practising insolation is to increase the dose gradually as the part exposed becomes pigmented.

Before leaving the question of sanatoria I should like to make two points—one as a citizen, one as a homœopathist. The first is that all medical men should urge the building of public sanatoria, that tubercle of all kinds should be treated early. The point is not disputed, as a rule, but we might use our influence to persuade ratepayers, first, to make the experiment, and, secondly, having made it, to give it a fair chance, not, as ratepayers will, to clamour for speedy results, sending half-cured cases back to break down again and discredit the treatment. The Brompton Sanatorium experience should be driven home on all occasions. Secondly, I want a homœopathic sanatorium. I am persuaded that we can get better and quicker results than the others, and after ten years should have figures that would compel attention. If all the homœopathic doctors would recommend their suitable cases it could be run at a profit, and the profits devoted to extension of the work or support of other institutions.

Leaving now the sphere of the general treatment of tuberculosis, I will briefly review the orthodox remedial treatment. Sir A. Wright's rehabilitation of tuberculin has again turned attention to it. I will speak of its uses presently, but there

are two drugs I want in passing to mention—first the *cinnamate of sodium*. It has been highly praised by some and found wanting by others, as is the way with specifics, but it does seem to increase leucocytosis, and once or twice I have thought that it reinforced the action of tuberculin. It is usually injected every other day in doses of $1\frac{1}{2}$ grains. The bacilli, in the sputum first increase, then gradually diminish. The other drug is *fibrolysin*. This appears to have a specific affinity for scar tissue. I have given it by the mouth to try and influence adhesions in chronic cases. It is too early to speak positively, but it may be worth consideration. It may be found better to inject it, as is usually done.

Turning now to tuberculin. This, it is pleasant to remember, was used by a homœopathist before Koch devised it, and long before Wright and his followers systematized its use and regulated its safe administration. The orthodox use of it comes nearer to homœopathic practice than their use of other vaccines : firstly, because its preparation breaks up the bodies of the bacilli in a way that is not done in the making of ordinary vaccines ; and, secondly, because, following Dr. Latham, it is frequently administered by the mouth and in doses which, though unnecessarily large in our opinion, are nevertheless so infinitesimal to the orthodox medical mind as freely to be called "homœopathic." I will ask you to note, by the way, that laboratory experiment gives some reason for thinking that the method of making a nosode from diseased tissue *plus* the contained bacilli results in a more active therapeutic product than the vaccine made from the germ cultivated outside the body. Personally, however, I can trace little variation between the results of bacillinum and tuberculinum ; both seem to me active. Returning to the orthodox uses of tuberculin, any case that presents the germ is regarded as a case for consideration of tuberculous treatment, and no case wherein the germ is not found. We, on the other hand, should not regard the presence of the germ alone as a sufficient indication, though I admit there is a tendency to do so (a tendency that on the whole does more good than harm), but we also regard the drug as a potent poison, to be used on its indications in non-tubercular subjects ; the last use, however, is outside my subject. The non-homœopathist has one

main rule in treatment—not to administer the drug to cases that are irregularly inoculating themselves. That is to say, pulmonary cases—unless they show no rise of temperature at all, or very little—must be kept absolutely at rest during the treatment, and acute tubercle must be managed with great caution. These are sound rules ; however, there is a growing tendency to use vaccines for acute diseases in diminishing doses. I think if great caution is used it can be done with benefit, but I will return to the point in a moment. The other orthodox practice is to increase the dose by degrees. Frequently the orthodox begin with a very small dose, but, with their fatal predisposition to think that the relation of drug to cure is a mathematical one, they long to see how much the patient can stand. This practice is, in my opinion, dangerous and unnecessary. I admit that large doses are often given with apparent impunity, and, further, that there is a personal factor in dosage which will cause one patient to require more or less of a drug than another ; but any kind of routine increase of dose I strongly deprecate. Above the tenth centesimal potency it often is of value to ring the changes from 10 to 100 or higher, but we are now speaking of much lower potencies, and good non-homœopathic observers (*e.g.*, Dr. Inman) are quite emphatic as to the need for individualization and avoidance of routine. Dr. Trudeau, who has had great experience of tuberculin, regards the treatment by it less as a vaccination aiming at immunity than as a gradual habituation of the system to the poison. On this ground he advocates increasing the dose ; but in practice he is very cautious and realizes that different cases will have different standards. His views of causation are not generally accepted, and, following the usual conception of immunity, there seems no need to risk a prolonged negative phase as long as there is a satisfactory response with a smaller dose. Further, the increased risk does not always reap a reward. I have seen a negative phase lasting six weeks in a phthisical case after injection of ~~1000~~ or less of a milligramme, and I have also seen a case of iritis, probably tubercular in origin, do much better on weekly small doses than on fortnightly larger ones.

Turning now to varieties of tuberculin. The modern orthodox use mainly Koch's new tuberculin, but the Denys' tuber-

culin and the Béraneck tuberculin both have their advocates. Koch's is an emulsion containing minute bacillary fragments. Denys' a filtered culture attenuated, and Béraneck's is an attempt to combine the so-called exotoxins of a filtrate from a culture with endotoxins extracted from the bodies of bacilli with ortho-phosphoric acid. The last is the least toxic and is given in the smallest doses, and there is a scale for use of its dilutions which has a very familiar sound to us. Whether or no the phosphoric acid used in its manufacture counts for anything, it sounds a preparation worthy of trial at homœopathic hands, but I can give you no record of personal experience with it. The Denys' scale of dosage begins at $\frac{1}{100000}$ milligramme in febrile cases, $\frac{1}{10000}$ in non-febrile cases, and is not increased if reaction follows the dose. A French colleague, Dr. P. Jousset, has recently reported successes, and Dr. Nebel has experimented much with many preparations, including dilutions of Marmorek's serum, but in the main the Koch tuberculin at present holds the field. Dr. Latham, and others following him, give it by the mouth, and $\frac{1}{10000}$ milligramme and much less is often prescribed. Dr. Nathan Raw uses bovine tuberculin as well as Koch's for the corresponding infections.

The homœopathist views all this treatment with deep interest, but, having greater experience in the use of nosodes, he should not, I think, abandon his well-tried methods for the newer ones. First, I have no doubt whatever that potencies of bacillinum and tuberculinum given by the mouth are active up to 200 and over. Dr. Burnett anticipated all the modern doctrine of spacing out doses, and it is inconceivable that clinical experience should lead him and Dr. Latham (say) to formulate independently similar rules for administration unless the drugs of both had possessed similar activities, and my own experience with subcutaneous injection does not lead me to regard it as in any way better than oral administration. As to potency, however, there is considerable room for discussion. I am quite sure that there is no routine to follow. At present we are all necessarily empirical in the matter, but if we keep always before us the idea that high and low potencies are *all* weapons that are worth using, we shall have cleared the way for discriminating when to use low and when high.

I generally begin with the 30th once a week and go down to 10, 15, even 6 or 3, or up to 50, 100, 200. I think there is a distinct gain in varying the potency from time to time. I have seen a marked aggravation follow the third, and I think it must be very cautiously used; once a week, as a rule, is enough. We are guided by the clinical symptoms, though personally I like an occasional reading of the opsonic index. Sometimes a reaction is better obtained by giving three doses at intervals of twenty-four hours, and then waiting; but in chronic tuberculosis once a week is usually sufficiently often. In acute tuberculosis, however, the matter is different. Take, first, tubercular meningitis or miliary tuberculosis. The acute nature of the first may be taken to be an energetic bodily response to the invading toxin, and here I believe the right rule to be to use lower dilutions and be prepared to repeat more frequently. The acuteness of miliary tuberculosis, on the other hand, is rather the expression of a general invasion, which, as we know, is practically always a fatal one. I have never seen an undoubted case recover, and doubt always attaches to the diagnosis of such cases as get well. But now that Rosenberger has shown that the bacillus can practically always be recovered from the blood of any case of tubercle, diagnosis should be practicable, and if a case recovers in future we should be able to be sure of the fact. Bearing in mind the cures of malignant endocarditis and typhoid by vaccines, I should here also try lower dilutions and more frequent repetition. If the body has any power of response we need to bring it out without delay, and, if there is none, our doses will not materially hasten an inevitable end. Acute exacerbations in pulmonary or peritoneal or bone tubercle are in rather a different category. The rule to withhold the drug during irregular auto-inoculation is, on the whole, a sound one. I prefer in these cases to use a potency of bovine tubercle, or of avian, and think these more remote similia can be given with safety. Possibly, here, too, Denys or Béraneck tuberculin would be useful. The first is given to febrile cases apparently with some benefit; otherwise hold over tuberculin till chronicity again supervenes, and rely on non-nosode remedies to be discussed presently.

So far I have spoken as though the presence of tubercle

bacilli were enough indication for *tuberculinum*. But I think although it will seldom do harm under these circumstances, if used with caution it will do most good when most indicated, and I want to emphasize the indications for it, the general indications suitable to any case of tuberculosis, and also for those cases that threaten to develop the disease. They are briefly: debility, which causes the slightest exertion to aggravate the symptoms; tendency to sweat; palpitation on exertion. This group of symptoms, and others, point to its usefulness in post-influenzal conditions; melancholy disposition, not the classical hopefulness of phthisical patients; headaches with flushes of heat; thirst; constipation; (this last is a specially important symptom); emaciation. The fat, flabby patient who needs *calcareo* so often is not the typical tubercle patient, although after a course of *calc. carb.*, *tuberc.* will often be able to take hold of such a case. The typical cold damp feet of *calcareo* belong also to tuberculin, but, though the patient feels the cold, he likes the fresh air—a symptom resembling a prominent *iodine* symptom, to which drug, indeed, *tuberc.* presents many affinities. Enlarged tonsils and adenoids, tendency to parasitic skin eruptions like tinea versicolor and skin pigmentation, are certainly also general indications for the remedy.

Bovine tubercle and avian I prefer in acute cases, the latter especially in exacerbations of chronic pulmonary cases with profuse expectoration. The 100th is my favourite potency, but I repeat it generally every twenty-four or forty-eight hours till I see some improvement.

Of other nosodes, *syphilinum* must not be forgotten. Like *tuberc.*, it can affect every tissue in the body, and will sometimes bring about a reaction when *tuberc.* fails. The great indication is the marked nocturnal aggravation of symptoms < sunset to sunrise. Dull, stupefying headaches I have also found to be often relieved by it. Constipation is usual; especially may it be indicated in tuberculous iritis.

The influenza poison should be borne in mind, as an attack of influenza may undoubtedly depress resistance to tubercle to the danger level; therefore, as a remedy it should have the power of raising a level otherwise depressed. It is for commencing more acute cases. As a rule, it is too powerful to

bear frequent repetition, but acute cases, as usual, will stand it given more frequently than chronic.

Rosenberger's tests have shown that while the tubercle bacillus can practically always be recovered from the blood in tuberculosis, it is seldom accompanied there by any other germ, except now and then the pneumococcus. Nevertheless, in old-standing lung cases there are often streptococci or staphylococci in the sputum, and it is occasionally of service to try the corresponding nosode, preferably made from the patient's sputum, as there is great variation among the streptococci, at any rate. As far as germs are concerned for indications, I should say the purer the culture in the tissues the greater the indication for the nosode; therefore, these latter kinds will be more often wanted where the tubercle bacilli are few and the cocci numerous. This consideration leads me on to the last of the nosodes which I shall mention. This is prepared from a diplococcus which is found in about 25 or 30 per cent. of pulmonary cases, and so far it is only in pulmonary cases that I have used it. When present the germ seems to exercise a retarding influence upon the tubercle bacillus, and, further, it appears able without tubercle bacillus to produce the symptoms and physical signs of phthisis. I have known three cases all diagnosed with justice as tubercular wherein only this germ was ever found. Therefore its resemblance in action is close, and I think it may prove a useful remedy. It is indicated for rather well nourished cases, of cheerful temperament, with scanty expectoration, though often troublesome cough. I give it in lower potencies, 3 and 6, for I do not regard it as nearly so powerful a poison as *tuberculin*. It may be used for commencing cases of phthisis. Before leaving the nosodes, I may mention that I have had it in my mind to use *anthracinum* for acute pulmonary cases with great prostration, but have not any experience of it to lay before you. These toxins are among the most powerful agents at our disposal, and we should lose no opportunity of defining their spheres and extending their use whenever it seems reasonable.

Let us now turn to remedies of a non-nosodic character. Here, as I warned you, I can only give you a selection. I shall try to give you the *general* indications for each. The particular

local indications frequently follow from the general, but for a disease like tuberculosis, if the general symptoms seemed to match, I should not hesitate, although the particular were not so much in evidence. First, then, *sulphur*, and its allies *hepar sulph.* and *psorinum*.

We often find *sulphur* indicated, and when the case is an early one it will do nothing but good. The thin, dyspeptic patient, with the irregular congestions of *sulphur*, the local flushings, the mid-day and nocturnal aggravations, the itching, dirty-looking pigmented skin, chronic catarrhs and burning pains—all these symptoms will frequently be noticeable in cases of tubercular glands or peritonitis and pulmonary tuberculosis. If it is certain that the cases of pulmonary disease are early, *sulphur* will often start them well on the road to cure, but so often in these cases there is more disease than shows; this results in a slowness of response that in itself may look like another indication for *sulphur*, and yet to administer it may mean to rouse to activity disease that is better left alone. *Sulphur* will start suppuration where there has been little or none, and the last state may be worse than the first. Now this warning is one that has often been given and often scorned. Personally, I believe it to be a real danger. Certainly *sulphur* will often aggravate late phthisis, and as certainly it will often help early phthisis. The cases that want discrimination are the latent ones. The suppuration that follows is an attempt, no doubt, at recovery, initiated by the *sulphur* acting as a tissue stimulant, but if there is not vitality enough to meet the demand that a deep-seated abscess makes on the body, the process will hasten the end. Exactly the same phenomenon I have seen several times in a sanatorium achieved by exercising a patient too soon. The temperature will have been good, the progress favourable, but really the appearances are deceptive—the disease is latent, not disappearing; exercise and the deeper breathing caused by it open up areas better left alone. Suppuration follows, and advancing toxæmia and death. These considerations apply mainly to lung tubercle. In tubercle elsewhere, unless deeply seated, *sulphur*, if indicated, will do good; give it infrequently and in high potency, though as a means of rousing a sluggish system to reaction Dr. Schulz has paralleled homœopathic experi-

ence with daily doses of the strong tincture. Still, I prefer the potencies as a rule.

Psorinum and *hepar* have many resemblances; they are more likely to be thought of for children. Sourness of sweat, sour smelling, chronic diarrhoea in suspected tubercular peritonitis and aggravation in the open air. *Hepar sulph.* is a very good remedy to begin the treatment of gland cases if the symptoms at all correspond. It has an extreme degree of sensitiveness to external impressions among its prominent symptoms. In lung cases, although it needs the same caution as *sulphur*, yet its *calcareæ* element, I think, makes it less dangerous, and were *sulphur* strongly indicated, and my mind in doubt as to the wisdom of giving it, I should feel *hepar sulph.* to be a reasonable compromise. *Hepar sulph.* has, I think, a definite specific power over the ordinary pus cocci, and if suppuration is free and these cocci present it might be given on that indication.

Calcareæ is a more universally needed remedy, perhaps the most valuable of all the general remedies for tuberculosis, especially in pre-tubercular conditions—the fat, flabby, pale children, with tonsils and adenoids, and enlarged glands, with cold feet and sweating of the head at night; with the dyspepsia that is so often the first symptom of phthisis, with its dislike of fat and milk, sour eructations, the aggravation of symptoms from cold and damp, dislike of open air, desire for warmth. Then the tickling cough with scanty expectoration suggests its use in early phthisis. The lowered blood coagulability that shows in chilblains and œdemas and hæmorrhages occurs very often in tubercle and indicates *calcareæ* in potency, and is cured by it as effectually as by the fashionable big doses of *calcium lactate*. The patients mentally are slow and apprehensive; the condition of tubercular peritonitis is paralleled in the symptoms, and in meningitis it is, perhaps, as hopeful a remedy as any for a rather hopeless condition. My experience leads me generally to prefer *calc. carb.* in potencies from 12 to 30, and I find I can repeat it with advantage more frequently than *sulphur*.

Of the compounds of *calcareæ*: the *phosph.* is very often useful in peritonitis and gland cases, less often, in my experience, in chest cases, except quite chronic ones. Routine

treatment is always to be deprecated, but it does happen sometimes with lung cases that they have to be for months together away from the immediate care of their physician, and some kind of routine treatment becomes almost inevitable. Under these circumstances to give *calc. phos.* and *ars. iod.* on alternate days is a procedure I can recommend.

Passing now to *arsenic* and its compounds. The restless, fidgety, *arsenic* temperament is very different from the phlegmatic *calcareo* temperament, but we need to remember that a temperament cannot do more than show for us those individuals who will probably most quickly respond to a drug; it does not bar out of the drug's sphere of action every other kind of nature. Apart from temperament the *arsenic* patient, like the *calcareo*, hates cold and wet, his mucous membranes are attacked in an irritative way without much secretion; he is thirsty, there is marked hæmorrhagic tendency, and the patient is anxious and frightened—again, anything but of a hopeful disposition. Pains are apt to be burning, like those of *sulphur*. Sweats and skin inflammation come well within its sphere of action. Of its compounds the *calcium salt* has disappointed me, the *antimony salt* is very useful in old cases with much emphysema and tendency to bronchitis, and the *red sulphide* is a very potent preparation from which, I think, much may be hoped, and, though as yet I have not used it much in tubercular cases, I am inclined to think that it, like *hepar sulph.*, might be given where *sulphur* seems indicated but there is fear of aggravation from it. The salt most used is the *iodide*. Its value in glands and old pleurisies and peritonitis and lupus is well known; with regard to the lungs, it is apt to be used in rather a routine way. There are two well-marked classes of patients seen in sanatoria. The first resents every detail of the treatment, fresh air makes them shiver, and the sight of food disgusts them; the second can eat without difficulty and can never have enough air. The first class are very likely to need *arsenic*, the second are the *iodine* patients. If a patient is hungry and yet thin, and longs for the air, *iodine* is almost sure to be the remedy. But there is a large class between these two extremes, and it is from among them that the patients are drawn who will benefit from *ars. iod.* Generally they have scanty expectoration and find it difficult to gain

weight. They are inclined to despondency, and the physical signs show a tendency to form fibrous tissue, and yet the disease smoulders on. I like the lower triturations 3x and 4x.

Iodine I have spoken of, but there is a compound of it worth mentioning—namely, *iodoform*. For tubercular meningitis I think it is often indicated. It has the < from heat of *iodine* and drowsiness is a marked symptom. It has caused many pains in the chest, and I think it has a value in pulmonary tubercle. If *iodine* seemed indicated and disappointed me, I should give *iodoform* a trial in the lower potencies. *Iodine* does well in acute cases, but the most usual drug for acute cases of lung and laryngeal tubercle and of caries is *phosphorus*. You may remember that there is some evidence that it affects favourably the opsonic index to tubercle, and in any case the symptoms often warrant its use. Wet weather and open air aggravate cough and many symptoms, but warm food and drink < digestive symptoms. Exertion <. Inability to lie on the left side is a symptom I have often confirmed. There is marked hoarseness, even aphonia, spasmodic tickling cough with scanty expectoration, often streaked with blood; the conditions that call for it are generally acute. I have found it advantageous to give *phos.* by day and *bell.* by night in acute cases (a recommendation of Dr. Moir); they seem to go well together.

Ferr. phos. is another remedy useful in acute lung cases with hæmorrhage, especially cases where hæmorrhage is the first symptom in delicate-looking subjects. As you know, its indications closely resemble those of *acon.*, but the pulse is less full and tense and hæmorrhage is more marked, though of course *acon.* is a hæmorrhagic remedy also for recent cases.

Speaking of *ferrum salts*, the *iodide* is worth remembering in tubercle. Chronic enlarged glands will do well on the administration for successive fortnights of *iodide of calcium*, *barium* and *iron*, and in chest cases with *iodine* symptoms and hæmorrhage, remember *ferr. iod.* For recent pulmonary hæmorrhage I prefer *ferr. acet.* to any other remedy.

Stannum is a remedy for lung cases, and tubercle elsewhere seems less under its influence. Profuse expectoration of pus, characteristically tasting sweetish, is an indication. I prefer the *iodide of stannum*, and it is a remedy that needs to be given persistently.

Sanguinaria is another remedy for lung tuberculosis. This belongs characteristically to cases passing from the acute to the chronic stage. Hectic fever, flushed face, especially the circumscribed flush, considerable expectoration and the hopeful disposition.

Agaricus is worth mention in early cases where tendency to perspire and slight evening rise of temperature may be the only suspicious symptoms.

I am not attempting to give you more than a fraction of possible remedies ; if, therefore, I name the *balsam of Peru* as a possible aid to chest cases with long-standing suppuration, it is chiefly to give a warning not to use this remedy unless the kidneys are absolutely sound. We have all seen old phthisical cases end with albuminuria, no doubt due to lardaceous degeneration of the kidney, and I have thought once or twice that *balsam of Peru* precipitated this catastrophe. In old-standing cases where there is evidence of general toxæmia with prostration, I have found *crotalus* and *naja* rally a patient well, at any rate for a time. I was therefore the more interested to read in an American journal recently that a non-homœopathic American physician had treated advanced phthisis with success with rattlesnake venom. He gave quite small doses. There is plenty in the pathogenesis of *crotalus* to warrant its use for many tubercular conditions ; the hint may therefore be useful to us. While still speaking mainly of pulmonary cases, let me say a word on *lachnanthes*, a drug, I think, unduly neglected by us, perhaps because of its prominence in a much-advertised treatment. It has great value in established chest cases and threatening cases, and, I think, in tubercle elsewhere, or a tendency thereto. The indications for its use are : much coldness and chilliness, and especially chilliness between the shoulder-blades ; pain and stiffness in the back, tendency to sweat. These, with physical signs giving rise to a suspicion of tubercle, warrant its use. I generally give unit doses of the mother tincture once or twice a week.

Returning now to more general remedies for tuberculosis, I must not omit *lycopodium*, since it is a remedy used less frequently than its marvellous powers deserve. Its favourite type of patient is pre-eminently a tubercular one—the patient

of keen intellect and poor physique. Its time modality, again < 4 to 8 p.m., is characteristic of many tubercular cases, and where it is well marked this alone forms a good ground for giving *lycopodium*. Unlike *phosphorus*, its subjects prefer warm food, and, unlike *silicea*, they resent wrapping up. It has the kind of constipation that belongs to tubercle so often and dry-teasing cough. Also, however, chronic catarrh with much muco-pus is an indication for it. It prefers the right side, and on the whole goes with *iodine*, the liking for fresh air being a strong bond. We think of it in gouty joint affections, but it will often help chronic tubercular arthritis. In my experience it must be given either in 6x trituration frequently or in isolated doses of the 30th and upwards. It goes well with *chelidonium*, which, by the way, is much praised by Dr. Nash for right-sided phthisis. The characteristic seat of *chelidonium* pain is close to one of the favourite areas for commencing lung tubercle, and the hint may be worth noting.

Kal. carb. has the halo round it of Hahnemann's own recommendation, and, though I have left it late in my list, it is one of the first remedies to be considered. It is one that corresponds most to the pains in the chest that sometimes come in tubercle of that region—stitching, lancinating pains, > during rest, < lying on the affected side; in this unlike *bryonia* pains, but I fancy *bryonia*'s power over chests is most shown in non-tubercular cases. The early morning aggravation of *kal. carb.* is very important from 2 to 4 a.m. The early morning is a time for all the *kalis*, but, as far as tubercle goes, *kal. carb.* is much the most important. The right hip is a special seat of its activity; indeed it is a right-sided remedy. Mentally, the patients are peevish and irritable. Heart symptoms, especially palpitation, with feeble action and weak pulse, call for it. Its patients dislike open air and damp, and it goes well with *phos.* and also with nitric acid. On the whole it befits middle and old age more than the tubercle of youth. Our colleague, Dr. Stephenson, confirms weak and rapid pulse as an indication, and also thinks the inverse type of temperature calls for *kal. carb.*

The last remedy I shall weary you with is *silicea*. This in its relation to suppuration is a chronic *pulsatilla*, and for

fistulæ and old suppurations is invaluable. It is for the slack patient without any strength of character, for children who do not seem to have any life in them. It has a definite relation to scar tissue, and will help old fibroid phthisis sometimes quite considerably. Its subjects are always chilly and want to wrap up. They sometimes cannot take milk. Like *phos.*, warm food, <, and it goes well with *phos.* For tubercular glands it is often most useful, also for bone cases and joints, but the *silica marina* in lower triturations is even more active and efficient in dealing with ordinary gland enlargements and commencing suppurations. I have seen some surprising results in recent cases, and, although I cannot be sure that all were tubercular, there was enough suspicion to make me give it a strong recommendation.

Now from sea-sand I pass to sea-water. You are probably aware of the French treatment by sea-water injections. Our colleague, Dr. Arnulphy, thinks highly of it, and has kindly written for me a page or two on his experience. He says: "Of late years the treatment of tuberculosis has been approached in France from an entirely new point of view, based upon Mr. René Quinton's theory of the oceanic origin of all living creatures. The distinguished Professor of Physiology at the College de France contends that life on our planet first appeared in the seas of the primary epoch, and that from that remote period up to the present time animal life has always had a tendency to keep to its original marine environment. It must be confessed that geology and palæontology lend support to the theory. On the other hand, laboratory experiments and chemical analysis confirm it also.

"Moreover, for some years past, extremely remarkable results seem to have been derived from the use of subcutaneous injections of sea-water in the treatment of diseases of the skin, kidneys and intestines, especially of that form of gastro-enteritis which proves generally fatal to unweaned infants.

"The treatment has also been applied to tuberculosis in all of its forms, and apparently with no small meed of success.

"No doubt exists as to the beneficial effects conferred by the marine treatment in the early stages of the disease. In the

second and third period, however, the results, although very interesting, are not perhaps equally manifest. One constant effect observed after the first few injections is the rise of the temperature due to a lively reaction of the organism. This thermic reaction is followed in the majority of cases by a marked falling off of the fever and a steady improvement of the general condition, weight, appetite, strength. Yet some cases have been observed in which the treatment caused aggravation of the symptoms. The real value of the method may not be ascertained before many years of steady observation. One fact, however, is beyond dispute: that is, the really wonderful effects derived from the use of the marine plasma in the treatment of the *scrofulous affections of children*.

"It may confidently be stated that the true field of beneficence of the plasma lies among the *pretubercular* affections, and with regard to genuine tubercular conditions, among those belonging to the torpid types rather than the erethistic congestive forms.

"Finally, with regard to the cutaneous form of the disease, lupus. The numerous cases of that dreaded form of skin disease that have been treated in the marine dispensaries of Paris and in private practice have constantly been cured or considerably benefited.

"The peculiar interest resulting for us homœopaths in the consideration of this marine treatment lies in the fact that in the opinion of M. Quinton, the discoverer of the method, the therapeutic results derived from the use of his plasma are due to the presence in sea-water of a number of precious metals chief among which is gold, in a high state of attenuation, in fact in infinitesimal quantities. Dr. Arnulphy has extensively used the method during the last three years with very gratifying results, even in cases of severe nephritis."

Now, Mr. President and gentlemen, I will keep you no longer. I doubt if I can have told you much that is not already familiar to your ears. I will only ask you, though you may have found me wearisome, not at least to doubt my good will and sincere desire to serve you to the utmost of my power.

The second paper, entitled

PULMONARY OR RESPIRATORY TUBERCULOSIS.

was read by Alfred Midgley Cash, M.D., C.M., of Torquay.

When I was first requested some time ago by our esteemed Secretary to read a paper at the Homœopathic Congress on tuberculosis of the respiratory tract, I at first hesitated, feeling he had pitched upon the wrong man and that someone should have been chosen much more up-to-date than myself in the remedies which recent bacteriological research has given to the world. To my objection to this effect, however, he replied that what was required of me was simply the treatment on strictly homœopathic lines which I had from experience found useful in practice. This requisition, therefore, exactly defines the scope of this paper and absolves me from more than alluding to the wide field of remedial measures which lie outside of homœopathic therapeutics, including the open-air treatment, rest cure, chest gymnastics, and special feeding and diet. I therefore asked myself what experience I had had or could adduce before the members of this Congress which could be worthy of the trouble of their kind attention. On referring to my case registers, which extend back now over a period of upwards of thirty years, I found certainly the records of many cases of tubercular respiratory disease, but at the same time many of them were unsatisfactory as to the ultimate results of treatment.

From the fleeting nature of the stay of many invalids at a health resort, a complete picture of the course of the illness becomes impossible—a curtailed description of a few weeks' treatment being often all that can be given. This limitation does not so much apply to the cases of residents in a place. In these it is often possible to see the development, course, and termination of the disease. Again, the opportunity may be afforded of dealing with the early warnings of the prephthisical stage, when it may be possible to avert the trouble in its incipency.

Now in order to clear the ground let us define our subject and recognize what we are considering. I take it, then, one would define respiratory tuberculosis as any tubercular disease occurring in the respiratory tract from the entrance of the nostrils to the ultimate air vesicles of the lungs.

Practically this comes to dealing with tubercular consumption of the lungs with, in certain cases, extension to, and secondary manifestations in, the larynx and pleural membrane.

Is pulmonary consumption always of a tubercular nature? I believe the general consensus of present-day opinion is that all phthisis pulmonalis is of tubercular nature, and all consumption of the lungs at some time or other will show the tubercle bacillus. If, for instance, pneumonia precedes the tubercular disease it lowers the resisting power of the lungs inherent to a state of full health, and the tubercle bacillus gains entrance and flourishes in the damaged state of the lung induced by the preliminary inflammation.

A recent writer, R. W. Philip (Green's "Dictionary of Medicine and Surgery"), says: "The presence of the tubercle bacillus itself affords absolute proof of the existence of tuberculosis. It is not, however, determinable in all cases which other evidence may prove to be of a tubercular character. In other words, while a positive examination for bacilli is certain, a negative result does not necessarily exclude tuberculosis." It is this "other evidence" here alluded to which has served for the diagnosis of pulmonary consumption before Koch's discovery of the tubercle bacillus in 1881, and upon which we may still depend. Just as one may have diphtheria, a complete picture of the disease, and yet no Klebs-Löffler bacillus be found, so may we have pulmonary consumption and yet no tubercle bacillus be producible on skilled examination and evidence as already quoted.

However, we have not now to deal with pathological points upon which different opinions may exist. We, as homœopathic practitioners, are largely independent of these things. We need not in treating any disease feel disheartened because some fresh organism is discovered and comes to be identified with it, and the presumption is encouraged that no cure can take place without destroying the specific germ. Our principles do not change, and if they led us to remedies which were effectual in former days, before this coccus or that bacillus was known, so they are no less potent now, though the etiological outlook of the disease has come to be entirely changed.

I have referred to the "pre-phthisical stage" in which much may be done for the patient. One meets with people

of dark or swarthy complexion, black hair, liable to a fine down on the skin, to papular and pustular eruptions. Cuticle sometimes greasy, digestion poor, depraved appetite, dislike to fats, preference for acids and a non-nutritious diet; liability to catarrhs and sore throats. Such individuals easily fall into a poorly nourished state which predisposes to the disease they may already inherit.

(1) Such a case was Miss L. L., aged 21. Of a very phthisical family—two brothers died of it and her mother. (One brother died of slow tubercular consumption; another of a profuse bleeding from a tubercular cavity in the lung, and a third—who ultimately recovered—was my patient for years with tubercular disease of the middle ear.) Disease was threatening at the apices. She had been cold-catching for some time, had a greasy skin, and was a most unsatisfactory girl to feed, hating all foods which would do her good, and desiring trash of various kinds.

First of all a chronic inflammation of the throat and nose required attention for which a course of *mercurius biniodatus* and of *sulphur* was given. Then right-sided pleural pain with a temperature was met by *bryonia* and *ranunculus*. General constitutional improvement began under *arsenic iodide*, *phosphorus* and *sulphur* intercurrently, and she gained flesh. A change to Ventnor helped this forward. She returned with a good colour and gain in weight, 3 lb. in one month. She lost her cough, and also gained sense in the style and amount of her diet. Her lung symptoms, which, recurred and threatened her in many attacks, finally quite cleared away. Her constitutional state levelled up. She entirely recovered though she came of a profoundly unhealthy stock. She finally was married and left Torquay. This is twenty years ago, but I still see her at intervals, keeping up a good state of health.

(2) Miss N., a very delicate girl with a bad family history, imperfect catamenia, tendency to anæmia and acne eruption on the face. Again and again apparently on the border of pulmonary phthisis. Ten years ago, when aged 21, during the winter, a long-lasting, chronic, violent cough, much increased with a copious mucous expectoration, weak respiration, pain and tenderness over the chest, rapid and difficult breathing.

A course of *phosphorus* 4x and *arsen. iod.* 3x three times

a day on alternate days given for three weeks, thereafter some improvement, but complains of much wheezing and dyspnoea, for which *sambucus* 3x was given. Gradually she improved; a later note tells of fairly good health, though leading a hard life, teaching, and with the sole charge of an aged invalid grandmother.

The girl had everything against her. No home care or good feeding, but poor, insanitary surroundings, besides broken rest and constant effort required of her to keep up the home and attend to the old woman. There was nothing to help her but the homœopathic remedies, which must be credited with her recovery from a grave pre-phthisical condition.

(3) An interesting little girl (K. T.), aged 11, after being ailing and poorly some time, began to lose appetite and flesh. Got a dry, hacking cough. Chills and shivery, with hot skin and sweats at night. Some consolidation of left apex, and—a sign of evil import—a very rapid pulse, and heart's action with heart sounds widely heard throughout the chest. She was the daughter of our butcher. The proximity of fat meat has been thought to favour the escape of butchers and their families from tubercular disease. I sent her to Brent on Dartmoor, to a farmhouse, and prescribed *arsen. iod.* 4x, gr. ii. three times a day after food, with pilules of *bellad.* 1x every two hours. In fourteen days the cough and sweats were much less and all her lung symptoms ameliorated, but a transference of tubercular mischief had taken place to the abdomen, and she presented on her return a picture of mesenteric disease with diarrhoea. Assisted by fresh air, cod oil, and suet boiled in milk, further medical treatment was happily successful in subduing this fresh development. Several months later I find the report: "Stout and blooming, better every way; abdomen and chest both healthy." Yet the tubercular enemy had not yet done with her. Four and a half years later an attack of acute synovitis of the right knee developed without pain after a slight knock. She was kept in bed at rest, with a splint at back of her knee. Fluctuation was detected over the lower synovial pouch. An incision was made and much scrofulous, curdy pus evacuated. *Hepar sulph.* 3x and *silicia* 6x were continuously given. After eight weeks she was again able to get about.

This case is interesting as showing how the tubercular disease will develop in different organs—first in one form and then in another—and it is only as we recognize and treat the root and origin of them all—*i.e.*, the defective constitution—that any real cure can be brought about. I may say that this girl has now grown into a hearty, strong young woman, whom I see occasionally for minor ailments, but who usually enjoys excellent health.

(4) Twenty-seven years ago I treated a retired Indian Colonel, who had come to Torquay after an active life abroad, and who amused himself with turning with the lathe. After working for some time with hard foreign woods, the fine dust of which he inhaled, he began to cough and got short of breath. Softening of the lungs rapidly came on, and after a short illness he died. His wife nursed him entirely through his illness, absolutely refusing all aid from friends or professional nurses. She had a bad family history herself, a sister, brother, and two children having died of pulmonary phthisis. She had a miserably deformed chest, and may have taken the infection from her husband, her own constitution offering a soil ready to receive the poison. Symptoms of pulmonary consumption developed, copious nummular sputa floating in water were coughed up. Patches of consolidation became evident, with a suspicion of cavity in right upper lobe. I put her on *phos.* 3x and *arsen. iod.* 3x. *Aconite* was given at night, as required, to soothe the restless condition which banished sleep. Three days later occurred a severe attack of pleural pain, for which she was given *colocynth.* 3x. She was feverish and burning, pulse feeble and varying from 108 to 120. Temperature in mouth 102.2° F. Heart sounds very distinctly heard all over chest, hollowing over the left apex. Appearances pointed to a rapid form of pulmonary disease, with consolidation and breaking down of lung tissue. Both sides were affected, the right being worse. At this time Dr. Neild—then practising at Plymouth—kindly saw her with me in consultation. He confirmed the diagnosis of acute pulmonary tuberculosis. Prognosis: An early fatal issue—not likely to last six weeks. The *phos.* and *arsen. iod.* were continued. *Tincture of hyoscyamus* given for night cough. A few days later I find it noted: "Much better for last two

days. Temperature lower (100·8° F. to-day, 4 p.m.). Pulse 96. Much less expectoration, and the sputa are less nummular. Feels and looks brighter. Repeat medicines." By the 30th (*i.e.*, in seventeen days) note runs: "Doing very well. Evening temperature 99·6° F. Pulse 70. Cough and expectoration nearly ceased. Stronger, walks about well, and can breathe freely." Two weeks later all cough had ceased, save a slight one on first wakening; no sputa. Pulse and temperature normal, looks well and cheerful. On examination of chest the râle and crackle at the apices had ceased to be heard. She had been kept on the *phos.* and *ars. iod.* each twice a day—the same medicines which she had taken all through her illness of six weeks. Last note is: "Practically better than before her illness." Some dyspepsia, from which she had always suffered, required treatment occasionally. She continued to live for some years in Torquay, and had no return of her lung trouble.

(5) A. S., aged 33, came under my care with tubercular disease of the left lung. Mother and sister both dead of consumption. Ill five or six years, probably of a form of fibroid phthisis. Suffering from abscesses about the face and jaw, one of them discharging. Treatment: *Calc. carb.* 6x. given three times a day and a dose of *tuberculinum* 200 on alternate nights. His abscess healed slowly. *Phosphorus* 4x and *silic.* 6x were given for a time. In six weeks he was much better. Two years later a report was: "Quite well and quite over his trouble."

Cases of *hæmorrhagic phthisis* are generally alarming, and call for active and direct measures. Happily, we possess in our armamentarium tried and successful remedies with which to encounter hæmoptysis.

(6) Miss S., aged 28, a case of pulmonary tubercular disease with a strong tendency to hæmorrhage. Tubercle bacilli were on several occasions found in the sputa and also the lung tissue. She was in an advanced stage of the disease, and with a constant dread upon her of hæmorrhage, from which a member of her family had previously died. In her first attack, whilst under my care, I was called to her early in the morning and found her spitting up mouthfuls of blood, and almost collapsed with terror. I gave her at once *ferr.*

acet. 1x in two-drop doses in quick succession. After the third dose the hæmorrhage ceased. Next day I put her on 3x of the same medicine. This tided her over the interval till the next catamenia came on, when she was fairly safe, the intervening time being observed to be the time of danger.

Again, in a later attack of hæmoptysis, the *ferr. acet.* 1x stopped the hæmorrhage in the course of one day, and several times afterwards, whenever it came on, *ferr. acet.* was given with the same good result.

I have much confidence in *ferr. acet.* I almost invariably find it acts rapidly in subduing the flow when of a bright red colour, and calming the usual co-existing irritable cough. *Millefolium* 1x I have also found useful, given as Hughes indicates, when the cough is not a striking feature, and when the blood is of a bright red colour.

(7) In the case of a young man whom I treated for frequent severe hæmorrhages from the lungs, as much at one time as a pint of bright blood being brought up, I gave *millefol.* with a good result; after a course of it the tendency to bleeding appeared to diminish and the co-existing cough was quieted.

Ipecac. and *hamamelis* are indicated in darker coloured hæmorrhages when the blood appears to have a venous origin and be of a more passive nature.

(8) I was called to E. C., a youth, aged 16, for hæmoptysis. He had raised blood four times, each time with a cough, and each time about 4 oz. blood was brought up. The blood was dark in colour and the cough was considerable. There was flattening over the upper part of the right lung.

Ipecac. 1x was given every three hours. After three days no more blood; after ten days cough greatly lessened. In three weeks he was apparently well.

I must briefly refer to a few of the most frequently needed remedies :—

Arsenicum iodide, brought into prominence years ago by Dr. H. Nankivell. It is perhaps the most generally useful, and alone, or in conjunction with *phosphorus*, generally effects improvement in the patient's state. In most of the foregoing cases referred to a more or less continuous course of this medicine was given. I have rarely found it disagree, and if

given shortly after food it seldom causes any pains in trunk or limbs, or any diarrhoea.

Phosphorus, also, is a great remedy where the well-known characteristics for its use exist. Besides its pulmonary action it comes in well where the larynx becomes affected by the tubercular disease, and with *aconite* is, at an early stage, of extreme value in diminishing the soreness and irritability, and mitigating the distressing cough and pain. There are few cases of phthisis in which *phosphorus* is not required at some time or other, often for long periods at once, and it is well borne as a rule, if not given in too strong a dilution. The 3x will do well for many cases, but is too strong for others, where the 4x, 5x, or 6x will be found to give equal help without causing any irritation.

I frequently give *phosphorus* and *arsen. iod.* together, putting *phos.* before *arsen. iod.* after meals, two or three times a day.

Tuberculinum has disappointed me somewhat. I have not seen the indubitable benefit from it in many cases which I had expected.

In laryngeal tuberculosis besides *phos.*, *kali bich.*, *spongia*, *seleniate of soda* and *manganum* have proved useful to me when treating the hoarseness and laryngeal pain and stridor met with when the vocal cords are attacked by tubercular inflammation, oedema, and ulceration.

(9) In the case of a woman, aged 60, whom I attended with advanced tubercular laryngitis with almost complete aphonia, cough, copious expectoration, and—after food—a sense of burning in the chest, with eructations, *carbo animalis* 5x every three hours proved very useful, mitigating both the gastric and laryngeal distress. The cough will often call for special attention on account of its wearying and sleep-disturbing annoyance. Often it may only be the cry for fresh air from the increased nervous excitability of the air passage; hence worse at night and lessened by improved ventilation in the sleeping room. But some remedy may with advantage be given for it. When cough is worse on lying down *hyoscyamus* in the ϕ or 1x is often helpful, and besides allaying the cough it has a sleep-inducing property of its own. A useful preparation I often have recourse to is the dosimetric granule of Dr. Burggraëve of one-fourth of a milligramme of *hyoscyamine* in

strength, two granules taken through the evening every hour or two before bedtime may often be given with great advantage and will earn the thanks of the patient. *Conium* also is a useful remedy. *Aconite* in the first and second dilution will often quiet a cough depending on a congested state of the air passages. *Bellad.* and *lachesis* are also often called for. *Drosera* eases the violent, spasmodic cough which will, if not arrested, end in vomiting.

For the distressing perspirations to which tubercular patients are liable, often coming on in the early morning hours, *phosphoric acid* ix in five-drop doses is indicated and may accomplish much improvement, and it has upon the system generally a markedly tonic, strengthening action. I have also found *jaborandi* in the 3x very useful, and also *bellad.* For exhausting colliquative sweats *stannum* comes in, and it is also indicated, as Hughes points out, in the copious sweetish, greenish expectoration of advanced phthisis. Here the *iodide* in various strengths has been recommended by Dr. Ord, and it comes in at a stage when remedies which really help are hard to find.

Marasmus and phthisis are stated to have been caused by tin, and, if so, its present position in the opinion of our school is justified by its toxicological effects.

(10) An old patient of mine wrote to me fourteen years ago in great alarm about his wife. Her age was 48. A sister had died with tuberculosis of the lungs, and she was threatened with the same trouble. She had had a severe cough for five months, much worse at night, ejecting a large amount of blood-stained expectoration. There was constant sweating, and, of late, considerable loss of weight. Sir D. Powell, to whom her husband took her, told him the apex of her right lung was affected, and tubercle bacilli were found in the sputum. She was ordered off at once to Cannes. I was requested to send her such remedies as I thought would help her. I sent her *stannum* 3x, gr. iii. every three hours during the day, and at bedtime three drops of *inct. hyoscyamus* and to repeat every two hours through the night if awake and coughing. In ten days the husband wrote me saying they were satisfied the medicine had done his wife good, and desiring a further supply. This treatment was persevered in.

After a few months abroad she returned home, having lost her cough and gained flesh. I saw this lady early in the present year. She has been ever since, remains now, free of the complaint of which she had so severe an attack more than fourteen years ago.

For copious nummular and purulent sputa, and where laryngeal symptoms exist, *hepar sulph.* must be kept in view. *Silica* also where breaking down of lung tissue is going on, with formation of much persistent or muco-purulent discharge which must be expectorated.

To sum up treatment shortly and generally: Let us give our respiratory tubercular patients plenty of fresh air. Let them live out of doors as far as possible. Teach them to practise deep breathing and fully expand those parts of the lung which are not much concerned in average respiration. Direct them as to well-considered exercise, avoiding overstrain. Give them freely of nourishing food; if they can digest it, plenty of pure milk, cream, cod oil in malt, and fats. Prescribe suitable homœopathic remedies—first, for the general condition; second, for specially prominent or distressing symptoms, combining thus the treatment of the patient's *tout ensemble*.

Many cases can only be helped along and eased in the downward passage to their last home. Yet this is no small matter for the physician to accomplish. But, working on these lines, it may often be his happy lot to see, under his care, this dread disease baffled of its prey, and a life here and there saved which, but for his instrumentality, must have been extinguished.

Notices, Reports, &c.

THE BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

THERE was a Special General Meeting of this Company on July 14, and at this meeting the transformation of the old Association into the new Company was completed. The main object of this step was to place the Association on a thoroughly business basis. Various changes may be anticipated in the near future, all of which we sincerely hope will be for the benefit of this new Company. Too much praise cannot be given to those who founded and up to the present carried on the original Association, and that, too, in the face of great opposition and, what was worse, an atmosphere of cold neglect, indifference, and covert as well as open sneers. All honour to those who have borne the heat and burden of the day! It must be at least some comfort to them to know that the Association is a "going concern," and is now placed on a thoroughly business basis. We wish the new Company all success.

Subscriptions and Donations received from June 17 to July 15, 1909:—

| GENERAL FUND. | | | | Subscriptions. | | | Donations. | | |
|-----------------------------|-----|-----|-----|----------------|----|----|------------|----|----|
| | | | | £ | s. | d. | £ | s. | d. |
| J. F. Cheetham, Esq. ... | ... | ... | ... | — | — | — | 10 | 10 | 0 |
| Mrs. Stilwell ... | ... | ... | ... | — | — | — | 2 | 2 | 0 |
| Dr. Nicholson ... | ... | ... | ... | 1 | 1 | 0 | — | — | — |
| Dr. Roberson Day ... | ... | ... | ... | 1 | 1 | 0 | — | — | — |
| Miss Bateman Clifton ... | ... | ... | ... | — | — | — | 1 | 0 | 0 |
| Dr. S. Morgan ... | ... | ... | ... | — | — | — | 10 | 10 | 0 |
| Anon., per Dr. Burford... | ... | ... | ... | — | — | — | 5 | 5 | 0 |
| Dr. and Mrs. Burford ... | ... | ... | ... | — | — | — | 5 | 0 | 0 |
| Mrs. and Miss Rudhall ... | ... | ... | ... | — | — | — | 3 | 3 | 0 |
| Mr. and Mrs. Murray Davies | ... | ... | ... | — | — | — | 10 | 0 | 0 |
| E. H. Morton, Esq. ... | ... | ... | ... | — | — | — | — | — | — |
| Colonel Clifton Brown ... | ... | ... | ... | 5 | 0 | 0 | — | — | — |
| E. D. Cecil, Esq. ... | ... | ... | ... | 0 | 10 | 6 | 5 | 5 | 0 |
| Dr. Pullar ... | ... | ... | ... | — | — | — | — | — | — |
| Mrs. William Cumming... | ... | ... | ... | 2 | 2 | 0 | — | — | — |
| Dr. Wheeler ... | ... | ... | ... | 1 | 1 | 0 | — | — | — |
| Joseph Howard, Esq. ... | ... | ... | ... | 1 | 1 | 0 | — | — | — |
| The Rt. Hon. the Lord Mayor | ... | ... | ... | 10 | 10 | 0 | — | — | — |
| Dr. J. H. Bodman ... | ... | ... | ... | 1 | 1 | 0 | 2 | 2 | 0 |
| Rafael Parga, Esq. ... | ... | ... | ... | 1 | 1 | 0 | — | — | — |
| Dr. Frank Watkins ... | ... | ... | ... | 1 | 1 | 0 | — | — | — |

| | Subscriptions | | | Donations. | | |
|---------------------------------|---------------|----|----|------------|----|----|
| | £ | s. | d. | £ | s. | d. |
| Dr. Wingfield ... | 1 | 1 | 0 | — | — | — |
| E. V. Vinden, Esq. ... | — | — | — | 1 | 1 | 0 |
| A. E. Vinden, Esq. ... | — | — | — | 1 | 1 | 0 |
| Lady Oldroyd ... | 1 | 0 | 0 | — | — | — |
| Mrs. John Mews ... | — | — | — | 3 | 0 | 0 |
| John Mews, Esq. ... | — | — | — | 25 | 0 | 0 |
| Dr. Greig ... | — | — | — | 2 | 2 | 0 |
| Mrs. Bouwens ... | 2 | 2 | 0 | — | — | — |
| Dr. Bennett ... | 1 | 1 | 0 | — | — | — |
| Mrs. Alfred Drysdale ... | 0 | 10 | 6 | — | — | — |
| Harry Manfield, Esq., M.P. ... | 1 | 1 | 0 | — | — | — |
| Josiah Beddow, Esq. ... | — | — | — | 10 | 0 | 0 |
| Dr. Dyce Brown ... | — | — | — | 5 | 0 | 0 |
| J. A. Allan, Esq. ... | 1 | 0 | 0 | — | — | — |
| COMPTON-BURNETT FUND. | | | | | | |
| E. R. Sadler, Esq. ... | — | — | — | 2 | 0 | 0 |
| Miss M. D. Wilson ... | — | — | — | 2 | 2 | 0 |
| LADIES' NORTHERN BRANCH. | | | | | | |
| Messrs. Thompson and Capper ... | 2 | 2 | 0 | — | — | — |
| LADIES' BRANCH. | | | | | | |
| Mrs. Stilwell ... | — | — | — | 1 | 1 | 0 |

THE NATIONAL HOMŒOPATHIC FUND.

| | Donations. | | |
|--|------------|----|----|
| | £ | s. | d. |
| Mrs. Loveday ... | 1 | 1 | 0 |
| Miss Payne (per Dr. Wheeler) ... | 1 | 1 | 0 |
| Mrs. M. Johnston ... | 2 | 0 | 0 |
| Miss M. L. Johnston ... | 0 | 5 | 0 |
| Miss E. Kitchens ... | 0 | 2 | 6 |
| E. R. Christie, Esq. ... | 0 | 10 | 6 |
| Mrs. Watson ... | 0 | 5 | 0 |
| Mrs. Yates ... | 1 | 1 | 0 |
| Sir Robert Perks, Bart., M.P. ... | 105 | 0 | 0 |
| The Earl of Donoughmore (first instalment) ... | 35 | 0 | 0 |

KENLEY STREET DISPENSARY.

Attendances for June : 33 patients, 66 attendances.

THE LONDON HOMŒOPATHIC HOSPITAL.
LAYING THE CORNER-STONE OF THE SIR HENRY TYLER
EXTENSION.

WEDNESDAY, June 30, will long be held as a memorable day in the annals of the London Homœopathic Hospital, for on that day the Lord Mayor of London laid, with appropriate ceremony, the corner-stone of the Sir Henry Tyler

extension. This considerable addition to the Hospital will be erected at a cost of £30,000, of which sum Sir Henry Tyler munificently gave £10,000, and the whole has been collected before the commencement of building operations. The new wing will contain seventy-seven additional beds, of which eleven will be placed in ten small wards for paying patients, and fifteen will be for isolation cases. There will also be, on the lower ground floor, a new minor operating theatre, with anæsthetizing room adjacent, and three new consultation rooms, with accessory examination and dressing-rooms and a surgical dressing-room. A new large Board Room and hall, a balcony, and a promenade roof will be features of the new building. A good deal of rearrangement and improvement is to be made in the old part of the Hospital as well, so that when all is completed homœopathy will be equipped with a hospital thoroughly complete and up to date in every respect.

The Lord Mayor, accompanied by his daughter, who took the place of the Lady Mayoress, who was unable to be present on account of a command to attend Her Majesty the Queen, and the Sheriffs arrived at the Hospital about 3 p.m., and was received by the Reception Committee, which consisted of representatives from the Presidents and Vice-Presidents, the Earl of Wemyss and March, the Earl Cawdor (Treasurer), the Earl of Dysart, the Earl of Morley, the Earl of Egmont, the Earl of Plymouth, the Earl of Donoughmore, the Lord Calthorpe, the Lord Ebury, Mr. Stilwell (Chairman of the Board of Management), Mr. R. Henryson Caird (Chairman of the Building Committee), Mr. William Hume Trapman (Vice-Treasurer), Dr. Galley Blackley (Senior Physician), Mr. Knox Shaw (Senior Surgeon), Mr. Edwin T. Hall (Architect), Miss Clara Hoadley (Matron), Mr. Edward A. Attwood (Secretary).

They at once proceeded to the Board Room, where there were assembled to receive them representatives from the Board of Management, the Building Extension Committee, the Medical Council, the Medical and Surgical Staff, the Mayor and Mayoress of Holborn, Sir Robert Perks, Bart., M.P., the Rural Dean of Holborn, the Chaplain of the Hospital, the Countess Cawdor, the Lady Calthorpe, Lady Ida

Low, Lady Perks, Lady Tyler, Mrs. Stilwell, Mrs. Clifton Brown, Mrs. Trapman, Miss Barton, Miss Isabella Barton, Mrs. Ridley Bax, Mrs. Edward Clifton Brown, Mrs. Henryson Caird, Mrs. Washington Epps, Mrs. Liddiard, Mrs. C. C. Bedford, representatives of the lady visitors of the Hospital, and representatives from the Ladies' Guild of the Hospital.

The Matron, on behalf of the nursing staff, presented a bouquet to the Lady Mayoress, and the Sisters of the Hospital presented a bouquet to the Mayoress of Holborn.

The party, headed by the Lord Mayor and Sheriffs, were then conducted to the platform, where the ceremony was to be performed.

As soon as the company were seated, the choir of St. George-the-Martyr, Queen Square, sang the hymn, "O God, our help in ages past." Introductory prayers were offered by Rev. G. C. Bedford, Chaplain to the Hospital, and the choir then chanted the first portion of the psalm "Nisi Dominus."

The Treasurer (the Right Hon. the Earl Cawdor) asked the Lord Mayor to lay the corner-stone of the new wing, whereupon a silver trowel was handed by Mr. Edwin T. Hall, the architect, to the Lord Mayor, who proceeded to lay the stone, and declared it to be well and truly laid.

The stone contains a copy of the *Times*, the Fifty-ninth Annual Report of the Hospital, and other documents, and bears the following inscription :—

THIS CORNER STONE
OF THE
SIR HENRY TYLER EXTENSION
WAS LAID

ON 30TH JUNE, 1909,

BY THE RIGHT HONOURABLE THE LORD MAYOR OF LONDON,
SIR GEORGE WYATT TRUSCOTT.

JOHN PAKENHAM STILWELL, J.P.,
*Chairman of the Board
of Management.*

ROBERT HENRYSON CAIRD, J.P.,
*Chairman of the Building
Committee.*

EDWIN T. HALL, F.R.I.B.A., *Architect.*

A prayer was then offered by the Rural Dean of Holborn (the Rev. D. G. Cowan), a hymn was sung, and the Benediction pronounced. After the service was concluded, the Earl Cawdor called upon Mr. Stilwell to read an address to the Lord Mayor thanking him for his presence, and giving a short account of the work of the Hospital and the efforts which had culminated in the day's ceremony.

The interesting event that followed was the presentation of purses to the Lady Mayoress towards the £2,500 required to furnish the new building. A great many purses were presented, and were handed to the Lady Mayoress by children. The Secretary was able to read out donations to this fund exceeding £1,000, so that half the required amount is already given.

A vote of thanks to the Lord Mayor and Sheriffs was then proposed by Mr. Robert Henryson Caird, and seconded by Dr. Dyce Brown, and the proceedings terminated.

The marquee erected over the site where the ceremony took place was crowded by enthusiastic guests and supporters of the Hospital, and the scene presented an unusual aspect of brightness and colour from the always gay summer costumes of the ladies being supplemented by the gorgeous robes of the Lord Mayor, the Mayor of Holborn, and the Sheriffs, and the variously coloured gowns and hoods of the medical men present, who on this occasion wore their academic robes.

After the ceremony most of the company present visited the wards of the Hospital, where afternoon tea was provided for them.

The band of the Honourable Artillery Company (by kind permission of Colonel the Earl of Denbigh and Desmond, C.V.O.) played at intervals from 2 to 5 o'clock in the gardens of Queen's Square.

LORD CAWDOR'S RECEPTION AT CHALMERS HOUSE.

ON the evening of June 30, the day of the laying the Foundation Stone of the Sir Henry Tyler Extension Wing of the Hospital, the Earl Cawdor held a reception at Chalmers House, 43, Russell Square, to the members of the British Homœopathic Association and their friends. The two large rooms on the first floor of Chalmers House were thrown into one, and within a short time of 9 o'clock were filled by those who had gladly accepted Lord Cawdor's invitation, amongst whom was a good sprinkling of provincial supporters drawn to London by the Congress and the afternoon's ceremony at the Hospital. Lord Cawdor had provided for his guests a most enjoyable selection of vocal and

instrumental music which was rendered by well-known and accomplished musicians. In the middle of the evening occurred a very interesting event, viz., the presentation to Mr. Stilwell of his protrait, which had been subscribed for by the members of the Council of the Association and was now presented to him by Lord Cawdor on their behalf in recognition of his seven years' work for the Association as its President, a position from which he is now retiring. The likeness is a speaking one and was much admired. It is to hang in the library at Chalmers House and will be a perpetual memento to the members of the Association of the loyal support given to them by Mr. Stilwell during the first seven years of its existence.

A bountiful supply of refreshments was provided in a room on the ground floor.

The company separated soon after 11 p.m., having experienced a very enjoyable evening.

We subjoin the programme of the music.

| PROGRAMME. | | | | | |
|--------------------------------|---|---|--|--|----------------------|
| <i>Pianoforte Solo</i> | | "Polonaise in A Flat" | | | <i>Chopin</i> |
| | | Mr. JOHN POWELL. | | | |
| <i>Songs</i> | { | (a) "Petits Oiseaux" | | | <i>H. Rigol</i> |
| | | (b) "Veille Chanson" | | | <i>Bigot</i> |
| | | (c) "Villanelle" | | | <i>Del Acqua</i> |
| | | Miss BETTY BOOKER. | | | |
| <i>Violin Solo</i> | | "Hejre Kati" | | | <i>Hubay</i> |
| | | Mr. CHARLES JACOBY. | | | |
| <i>Songs</i> | { | (a) "I See she Flies me" | | | <i>Purcell, 1695</i> |
| | | (b) "Night and Day, to his Mistress" | | | <i>Lewes, 1653</i> |
| | | (c) "I'll Sail upon the Dog Star" | | | <i>Purcell</i> |
| | | Mr. FRANCIS HARFORD. | | | |
| <i>Short Tales</i> | | Mr. EARLE DOUGLAS. | | | |
| <i>Pianoforte Solos</i> | { | (a) "Romance" | | | <i>Schumann</i> |
| | | (b) "Octave Study" | | | <i>Leschetizky</i> |
| | | Mr. JOHN POWELL. | | | |
| <i>Songs</i> | { | (a) "Blackbird Song" | | | <i>Cyril Scott</i> |
| | | (b) "Damon" | | | <i>Max Stange</i> |
| | | (c) "Mattinata" | | | <i>Leoncavallo</i> |
| | | Miss BETTY BOOKER. | | | |
| <i>Violin Solo</i> | | "Valse Bluetie" | | | <i>Drigo-Auer</i> |
| | | Mr. CHARLES JACOBY. | | | |
| <i>Songs</i> | { | (a) "Thine am I" | | | <i>A. Somervell</i> |
| | | (b) "The Dashing Archer" | | | <i>P. Vidal</i> |
| | | (c) "The Happy Farmer" | | | <i>Old English</i> |
| | | (d) "The Jolly Beggar" (MS.) | | | <i>J. R. Dear</i> |
| | | Mr. FRANCIS HARFORD. | | | |
| <i>Short Tales</i> | | Mr. EARLE DOUGLAS. | | | |
| <i>Accompanist</i> | | Mr. WALTER WILTSHIRE. | | | |

NORTHERN COUNTIES THERAPEUTIC ASSOCIATION.

THE third meeting of the session was held in the Board Room of the Leeds Homœopathic Dispensary on Thursday, July 1.

Dr. Hayes gave a paper on "Nocturnal Incontinence in Children." Having enumerated many of the conditions in which this distressing symptom is met with, the speaker proceeded to mention several drugs which are useful in the treatment of incontinence, giving a brief list of the accompanying symptoms which would lead to the choice of each remedy. Dr. Hayes concluded by mentioning three cases which had improved considerably under a prolonged course of *calc. carb.*, the patients evidently being *calcareæ* patients, although the only symptom complained of was incontinence.

A prolonged and instructive discussion followed the reading of the paper.

B.H.S. GOLF.

IN the second round of the Tournament for the Dudgeon Cup, Pritchard beat Cronin at Norbury; Powell beat Wynne Thomas at Wimbledon Park on the last green; Byres Moir beat Johnstone at Fulwell by 7 up and 6 to play; Mason beat B. Nankivell at Acton by 3 up and 2 to play.

H. W. T.

LADIES' TRAVELLING SCHOLARSHIP.

APPLICATIONS for the above must be sent to—

THE SECRETARY,

Chalmers House,

Russell Square, W.C.

They will be considered by the Executive Committee in September, and the result will be duly communicated to the candidates. Only those having thorough knowledge of French or German need apply.

The Scholarship is available for Vienna, Berlin, or Paris; and the holder must devote the greater part of his studies to the diseases of women and children.

THE BRITISH HOMŒOPATHIC REVIEW.

SEPTEMBER, 1909.

Editorial Notes and News.

*. The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

The British Homœopathic Congress.

THE Annual Assemblage of Homœopathic Practitioners for 1909 has come and gone, and our *confrères* have dispersed, some to their homes and many to take their well-earned holidays. All will feel refreshed and strengthened for their warfare with disease by the healthy stimulation of fraternal and professional intercourse afforded by the Congress. The occasion just passed has proved a notable one in several respects. Firstly, as to the number attending, which compared very favourably with those of the last few years. Secondly, by the presidentship of Dr. Burwood. Thirdly, owing to the importance of the subject chosen for discussion and the high standard attained by the papers presented to us. That these were distinctly above the average of Congress papers was generally admitted, whilst the thoroughness and ability with which each author had dealt with the subject allotted to him formed a marked feature of the meetings. A fourth reason for the success of the Congress was in the presence, for the first time in the history of homœopathy, of the Lord Mayor of London with the Lady Mayoress at the Congress Dinner. Finally, we may note the very important masonic function of laying the

foundation-stone of the new wing of the London Homœopathic Hospital on the day before the Congress, which afforded an additional reason for the presence of many of our provincial brethren in London at the time.

The President. DR. BURWOOD made an ideal president, and his address should afford encouragement to all workers in the cause of homœopathy. A healthful spirit of optimism characterized the presidential address, and also was reflected from Dr. Burwood's stimulating personality pervading his conduct of the Congress throughout. We congratulate our colleague on having weathered the successes and anxieties of nearly half a century of the active practice of homœopathy, and on his having retained so confident an outlook on the future of our cause. No better incentive than the President's example and precept could be found to encourage the younger men of our school, and to stimulate them to continued efforts to further the progress of our science. But Dr. Burwood has done yeoman service not only by his many years' advocacy of homœopathy, and his practical demonstration of what it can effect in the relief of suffering, but he has advanced the cause even more markedly by bringing many recruits to our ranks. Dr. Burwood is a believer in the custom of employing fully qualified assistants in his practice. Many of the assistants he has engaged during his many years of practice were recruited from the ranks of the old school. We believe that in all but one or two instances these young medical men have embraced the cause of homœopathy, and have testified to its efficacy by joining our ranks and becoming practitioners of the tenets of Hahnemann. Several of the leading homœopaths of to-day began their career under Dr. Burwood's direction; homœopathy owes him a deep debt of gratitude for this important service. There can be no better method of converting young medical graduates to the truths we uphold than by offering them assistantships to homœopathic practitioners. It is much to be regretted that the custom of employing assistants has fallen so generally into disuse. We trust that a reaction may set in, and that

those who may need assistance in their work will endeavour to follow Dr. Burwood's example, so gaining recruits to the cause.

* * * *

The Papers. THE subject chosen for the four papers was Tuberculosis. It formed a fitting sequence to the subject — Cancer — discussed at the 1908 Congress. Both include the maladies most prominently before the public to-day, and both are looked upon as largely unconquered by modern medical science. These papers will be presented to our readers in due course. We have attended few congresses when such general interest was expressed with the papers read as on this occasion. The authors selected by the Congress Committee are known as authorities in that branch of the subject which was allotted to them, and the expected result followed in four papers dealing with tuberculosis in an entirely up-to-date manner, in which the results of modern medical science were displayed side by side with those of the highest form of scientific therapeutics. The various forms of tuberculin treatment, and the valuable discoveries of Sir A. Wright in opsonins, were referred to their true places in the therapeutics of tuberculosis, and their relationship to homœopathic methods clearly acknowledged and defined. The discussion which followed, although of interest, was perhaps less brilliant than the excellence of the papers deserved. But there were physical causes for this. The effort of listening to a presidential address and four succeeding scientific papers is no light one. We think there were symptoms of mental inertia in the discussion due to this cause. And perhaps some tendency to cerebral sluggishness was not unaided by the excellence of the hospitality shown by our London brethren to their provincial colleagues. Some blame may be attached to the very appetizing lunch which had just been heartily partaken of prior to the "drowsy hour of afternoon" when the discussion took place.

* * * *

The Congress Dinner. THIS must certainly be counted amongst the notable successes of the Congress of 1909. On some occasions the Congress Dinner has been rather a dreary function.

The cheery little groups of colleagues with ladies, many of whom meet but once a year to talk over old times and discuss medical lore, have at some congresses been impelled to silence by long and tedious speeches, which it was often impossible to hear from the bad acoustic properties of the room. We have seen bright faces, that just before were sparkling with animation, gradually pervaded by an air of settled gloom, whilst courtesy impelled silence for speeches that were practically inaudible. There was none of this at the recent dinner. The room was exactly the requisite size for the gathering, its acoustic properties were excellent, everything could be heard easily, and, last but not least, everything to be heard was worth listening to. The dinner was honoured by the presence of the Lord Mayor of London and the Lady Mayoress. The President of the Congress set an excellent example by the commendable brevity, eloquence, and happy enthusiasm of his speech. This example was followed by all the speakers, each of whom added to the interest of the occasion. To say that Sir George Truscott made the speech of the evening is in no way to detract from the eloquence of others. We suppose that amongst the innumerable functions at which his Lordship has to preside it is seldom that a better speech than his is heard. Homœopathy has no better or more eloquent friend than Sir George Truscott, and, indeed, at a Congress dinner in London his absence would be a keenly-felt loss. On this occasion, as Lord Mayor of the great Metropolis of the Empire, his presence conferred a great honour on homœopathy, and his Lordship was even more heartily received than usual, as was also Lady Truscott, who vies with her husband in the interest she shows and the benefits she confers upon our cause. Lastly, we must reserve a word of praise for the musical arrangements, which were most excellent, and added markedly to the pleasure and gaiety of the evening.

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AT the "Clinical Evening," on June 29,
a most interesting series of clinical cases
was shown (see pp. 565-569). One wishes that
Dr. Margaret Tyler had told us *why* she used
cicuta, and not, for example, *cuprum*, *hypericum*, *hydrocyanic*

The
Clinical Cases.

acid, &c. Epileptic cases are none too easy to treat successfully, and one would be glad to annex any new guiding symptom. Dr. Blackley's case is very interesting. Byrom Bramwell at one time thought very highly of "*arsenic*" in this disease, but later has placed it on record that cases treated thus always recur, and that the ultimate termination is invariably fatal. Of course Dr. Bramwell means by "*arsenic*" the well-known *liquor arsenicalis*; but it is hardly necessary to say that *liquor arsenicalis* is not "*arsenic*." It is a solution of *potassium arsenite* in excess of *potassium carbonate*, flavoured with lavender. Now, there is a strong affinity between striped muscular tissue (including the heart) and red-blood corpuscles for the salt known as *potassium carbonate*, and one wants to know why "*arsenic*" gets all the credit.

British Homœopathic Congress.

(Continued from p. 505.)

The third paper, entitled

TUBERCULOSIS OF SKIN AND GLANDS,

was read by Harold Wynne Thomas, L.R.C.P.Lond., M.R.C.S. Eng., Physician to the Phillips Memorial Hospital, Bromley, Kent.

Tuberculosis is an infective disease due to the growth of the *Bacillus tuberculosis* in the tissues of the body. The naked-eye manifestation of the growth of this organism is the formation of small circumscribed inflammatory lesions known as "tubercles." When these are distributed throughout the body, the disease produced runs a rapid course and is known as acute general tuberculosis; when they are limited to a special organ or tissue, the disease is of much longer duration, and is termed local tuberculosis. A local tuberculosis often serves as a point of origin for general infection.

Morphology.—The bacillus is a minute organism, rod-shaped, two or three placed end to end being equal to the diameter of a red-blood corpuscle. It is readily stained by Gram's method, the bacillus staining blue. The organisms can

be cultivated on media containing glycerine and blood-serum. Their growth is invariably slow, and it is only after some weeks that a culture presents its most characteristic appearance.

By that time the colonies have to the naked eye a heaped-up scaly appearance, the older parts looking dry and shrivelled. As the bacilli thrive only at a comparatively high temperature (82°F. to 108°F.), they do not *multiply* outside the body. They can, however, *exist* outside the body for some weeks, and have even been found to retain their virulence after such existence for *six weeks* in putrid sputum, and for *six months* in the dry state. The bacilli are readily destroyed by boiling and by sunlight; desiccation without sunlight does not destroy them.

They resist the action of a 1 : 1000 solution of perchloride of mercury for some minutes. A 1 : 20 solution of carbolic acid acts more rapidly.

Products of the Bacillus.—Koch concentrated and filtered the products of the bacilli, and called the filtrate thus obtained “tuberculin.” When injected into infected animals the substance produces fever and a marked local inflammation in the neighbourhood of the tuberculous foci, leading in many cases to further caseation and dissemination of the disease; but when injected into animals free from tuberculosis it produces no effect, save in some cases a slight and transient rise of body temperature.

Sources of the Bacillus.—In every case of tubercular disease the bacilli are introduced from without, and are derived directly or indirectly from some previous case of disease in man or animals. The two principal sources of bacilli are: (1) the sputum of persons with tuberculous lungs, and (2) the milk of cows with tuberculous udders.

(1) *Sputum.*—When it is remembered that about one-seventh of mankind die of pulmonary tuberculosis, and that in the majority of cases the patients for months expectorate large quantities of bacilli without any precautions being taken against infection, it is clear that there is an ample supply. The sputum which dries on handkerchiefs, bedding, garments, furniture, floors of workshops and other rooms, thence to be detached as dust, is the most fertile source of infection.

(2) *Milk.*—When the disease of the udders is extreme, tubercle bacilli can be found in the milk, but when less

marked its infective quality can be shown by inoculation. Butter made from infective milk is itself infective.

(3) Of course discharges from tuberculous abscesses and ulcers are infective.

(4) Tubercle bacilli may occasionally be conveyed in tuberculous meat; the muscle is rarely involved, but infected glands may be left; but as meat is generally heated beyond 100° C. in cooking, the danger lies in eating underdone meat or raw meat or meat-juice prescribed in the treatment of disease.

Tuberculosis of the skin gives rise to many varieties of inflammation, of which some tend to suppurate; these are generally grouped under the term *scrofuloderma*.

Lupus vulgaris is perhaps the best-known form of tuberculosis affecting the skin. It may arise at any period of life, but with especial frequency in children and adolescents—about 75 per cent. before the age of 20, and nearly twice as often in girls as boys. It is characterized by the appearance of nodules of a notably soft consistence, a reddish-yellow colour, and semi-transparent, recalling apple jelly, especially when the blood is pressed out of the tissues; very indolent as a rule, and unaccompanied by pain or itching. It may persist or pustulate, or ulcerate, or disappear spontaneously, leaving a cicatrix; a patch of lupus is formed, and spreads excentrically by infection of the vicinity, fresh foci appearing at the periphery, the “satellite” nodules, which become confluent with the enlarging older lesions. The latter are often replaced by scars, while the excentric spread is maintained around or on one side. Its *infective power* may be little marked, and often after a certain advance lupus may become quiescent and remain so for years without infecting other tissues; or, on the other hand, after pursuing a very indolent course for some time, takes on a rapid extension over considerable tracts. Its infective power may be evidenced not only by the method of spread in the skin, but by the involvement of the related lymphatic glands.

As to the origin, the primary patch may be inoculated from some outside source, or may arise by the implication of the skin from pre-existent tuberculosis of deeper structures in the same subject, *e.g.*, from glands, bones, and synovial sheaths.

The glandular origin is frequently seen over the parotid region, or from ear to ear beneath the jaws. Lupus is said to originate commonly by auto-inoculation from the discharges from the lungs, and not uncommonly from a mucous membrane, especially that of the nose.

Lastly, there is a rare phenomenon generally occurring in children after some systemic infection, such as measles, characterized by the sudden evolution of more or less numerous disseminated small nodules; all or many may gradually disappear, but in some cases a number persist and assume the recognized characters of lupus.

As to localization, any region may be attacked, but in 80 per cent. of cases lupus is seated on the face, especially about the nose and its neighbourhood. It may extend to the forehead, but is rarely found on the scalp. The hands are sometimes affected. The mucous membranes of the mouth and nose are frequently involved, usually secondarily to the skin, also the conjunctivæ, the pharynx and larynx. In the mucous membranes the redness is accentuated, the surface mammillated and easily bleeding, the infiltration soft. Ulceration is frequent, and leads to destruction of the uvula and soft palate and of the cartilages of the nose, with mutilation as in syphilis.

In size the patches may range from that of a small coin upwards, or the lupus may advance over an extensive tract, *e.g.*, up a limb or from the face over the neck and part of the trunk. There may be only one patch present, or others may arise from auto-inoculation.

Beside the ordinary form of lupus there is the primary tubercular ulcer, produced by primary inoculation of tuberculosis into punctures, breaches of surface, or deeper wounds in various parts of the body. This phase may commence as a little red infiltration, which may pustulate or ulcerate. The infective nature may be shown by the intractability to simple healing measures and the implication of the related glands. The fingers may be the site of attack, but inoculation has followed the wearing of infected earrings, and a number of cases are on record of tubercle being inoculated by a tuberculous operator in the Jewish rite of circumcision, and again in tattooing. The early recognition of the nature of these

lesions is obviously important, that it may be thoroughly destroyed or removed.

Diagnosis.—It is important to appreciate the significance of the characteristic *soft* yellowish-red imbedded nodules, though the appearance may be simulated by other nodules covered with tense epithelium. Nodules may often be detected as satellites on the border of a patch or recurring in scars. Lupus is not always nodular but often diffuse. Typical cases of lupus erythematosus and lupus vulgaris are easily distinguished, but occasionally a more than usually infiltrated patch of lupus erythematosus or a congested area of lupus vulgaris may render the diagnosis exceedingly difficult, but lupus erythematosus is not auto-inoculable, does not react to injections of tuberculin, and is rare under 30 years of age. Diffuse infiltrations have to be distinguished from chronic glanders, actinomycosis, sarcoma, leprosy and tertiary syphilides; the latter have a firmer infiltration, pursue a less indolent course, and do not recur in scars.

Treatment.—Local treatment is always called for, but general measures must not be forgotten. If the patient manifests signs of feeble constitution or impaired nutrition, or actual tuberculosis elsewhere, all possible steps must be taken to build up the strength of the patient, good nourishing food, cod liver oil, fresh air, open windows, and as much sunlight as possible; as to drugs *bacillinum* or *tuberculinum* 30, a dose once a week, I believe, useful. Burnett, in his book on the "Cure of Consumption," mentions a case of a lady suffering from lupus exedens which completely healed after a few doses of *bacillinum* 200. Other drugs which are helpful in suitable cases are: *sulphur*, *calcarea*, *hepar sulphuris*, *arsenic* and *kali bic*. Striking results are sometimes obtained by judicious injections of Koch's tuberculin; but of late years the most satisfactory cures have been got by means of the Finsen light, X-rays, and radium.

The objection to the treatment by the Finsen method in this country is the costliness of the apparatus, as, direct sunlight being so unreliable, the rays from an arc lamp must be utilized, but where this can be used the resulting scar gives the best results. Some years ago I showed a patient, at one of the clinical evenings at this hospital, whom I had cured of

- lupus of the nose by concentrating the rays of the sun through a quart flask filled with distilled water coloured blue with sulphate of copper, so as to cut out the heat rays and still allow the actinic rays to pass. The girl lay on a deck-chair out in the hospital garden, and the globe was held so as to focus the rays almost to a point on the patch under treatment; this was done for ten minutes two or three times a week for a month. She had been under treatment at several London hospitals, and had been scraped twice and cauterized without avail. The girl was a wardmaid at our hospital for some time, during which time she remained cured, but I have not seen her since she left.

With reference to X-ray apparatus, a 10-inch coil is used, the diseased area is exposed at a distance of about 7 inches from the anticathode of a medium tube, while the parts not under treatment are protected by a lead-glass diaphragm, to which funnels of the same material and of various sizes allowing exit to the rays are attached. Exposures of five minutes should be given twice or three times a week, for two or three weeks, and then an interval of a week allowed. Too long and careless exposure may induce a radio-dermatitis which if severe will not only occasion the patient considerable pain, but prove extremely difficult to heal. In a small dose the X-rays are a stimulant, in a larger dose an irritant, and in a still larger dose completely destroy cells; thus it is important to administer the proper dose. Too small a dose will stimulate the giant cells to multiply. A larger dose will kill them and at the same time stimulate the leucocytes to greater activity. A still larger dose will kill the leucocytes. A method of measuring the activity of the rays is by using Sabourand's pastilles; one of these is put in the edge of the line of fire, so to speak, and when it becomes discoloured the treatment must be stopped.

In addition to the above, radium is of great value in treating lupus in situations where light and X-rays cannot be applied, as the part of the nose close to the inner canthus, inside the nose, inside the mouth, &c. When radium was first introduced into medical practice, the salt which was employed was the bromide, either pure or mixed with more or less barium. This was applied to the skin in a thin glass

tube sealed at the ends or in a depression on a vulcanite button covered by a thin sheet of mica or aluminium, in amounts varying from 5 to 10 milligrammes; but owing to the enormous price charged for these buttons and tubes, the area of diseased tissue that could be treated must of necessity be very limited. In 1905 M. Danlos discovered that the action of radium was intensified if the salt was spread over a flat surface by means of a varnish and so applied to the skin, and by this means a much larger surface could be acted upon in an even manner.

This varnish, the composition of which is a secret, is permeable to almost all the rays given off by radium and resists the action of heat, water and antiseptics, such as permanganate of potash and perchloride of mercury. The salt of radium used with the varnish is the sulphate of radium which, unlike the bromide, is insoluble; this is spread evenly on small metal plates so that each centimetre of surface has one centigramme spread upon it. Pure radium sulphate has a radio-activity of 2,000,000 taking *uranium* as a unit, but it is generally diluted with barium sulphate so as to reduce the radio-activity to half or quarter. The power of any prepared plate of radium can be estimated by the electrometer with precision. Radium gives off α , β and γ rays.

The α rays are composed of material particles or ions which carry a charge of + electricity and are deflected only by an intense magnetic field. They have little penetrating power and relatively slow velocity. They are supposed to give off heat and they burn. Taking the penetrating power of alpha rays as 1, they are stopped by a sheet of mica or aluminium.

The β rays are composed of smaller ions; they carry a charge of - electricity, are easily deflected by a magnetic field, and have great penetrating power and high velocity. Their penetrating power as compared with alpha rays is 100, and they will pass through lead 4 centimetres in thickness.

The γ rays contain no ions and carry no electric charge, and are therefore not deflected by a magnetic field. They have enormous penetrating power, as would be represented by 10,000, and will pass through 1 inch of steel. Their velocity is about the velocity of light, so therefore to use radium to

the best advantage it must be definitely prescribed, a plate of a certain diameter ordered, the proportion of α , β and γ rays required stated, and the time of application notified; as, for example, in a case of epithelioma of the lip treated by Dr. Dominici, a circular disc 3 centimetres in diameter with 1 centigramme radium sulphate mixed with 3 centigrammes barium sulphate varnished upon it, with radio-activity 500,000, was applied to the lesion. But between it and the skin were interposed gutta-percha $\frac{1}{10}$ millimetre thick, a sheet of lead $\frac{1}{2}$ millimetre thick, eight rounds of paper, and two pieces of plaster. In this way the tumour was subjected to an irradiation exclusively composed of γ rays of an activity estimated at 4,500, and the secondary radiation produced by the rays passing through the lead was intercepted by the paper. In order to avoid getting an excessive action on the surface of raised lesions by repeated or prolonged exposures, Wickham has introduced a method of application which he named *feu croisé*, and which consists of placing two or more applicators opposite each other on the tumour so as to subject the deeper parts of it to the "crossed fire" of penetrating rays from the different "applicators."

The time of application, you will see, of a specimen of radium depends on various factors such as the radio-activity and amount of the salt applied, the extent of surface on which it is spread, the percentage of the different rays, the presence of some such screen as lead aluminium, &c., between it and the tissue. Roughly, experience has taught that 5 milligrammes of pure radium sulphate varnished on a flat surface of 1 centimetre square when applied directly to the skin for twenty minutes can produce a severe reaction with ulceration, the same result being obtained by three applications of ten minutes' duration on consecutive days. When the α and soft β rays are screened off applications of one or more hours may safely be given.

Radium is often helpful after treatment by X-rays where the case has healed up to a certain point but is not well, then the application of radium seems to stimulate the healing process. I have a patient now under my care with lupus of the nose who did well under X-rays but never quite healed; after a time it broke down again, and under radium has almost

cicatrized over. I give her applications of radium bromide for fifteen minutes once or twice a week; she is still under treatment.

I have tried high-frequency electric current, but have been disappointed with it.

Another electrical method, which has one advantage over Finsen rays, X-rays, and radium—that of being cheap—is ionization. The method is quite simple; it is based upon the principle of the introduction of ions of zinc into the tissues by the continuous current, and can be carried out with an ordinary portable battery. If the + electrode be made of zinc and covered with lint or cotton-wool soaked in a solution of zinc sulphate, and the current turned on, the zinc ions are driven into the tissues towards the — pole, and after an application of ten minutes the zinc ions will penetrate to a depth of 1, 2, or more millimetres beneath the positive pole, and when driven in in this way they enter not only into the lymph spaces but also into the protoplasm of each cell, which they reach in a way that is impossible with lotions and ointments, where little of the drug penetrates, and that which is absorbed is probably carried off by the lymph channels. In using this method a 2 per cent. solution of zinc is used for wetting the lint and a current measured by a galvanometer gradually increased up to 5, 8, or 10 milliamperes a burning sensation is produced. If the parts are very sensitive some wool soaked in a solution of cocaine may be left in contact for a few minutes beforehand. At the end of ten minutes the current must be gradually diminished down to zero. It is claimed that often only one application is necessary. I must say since I have known of this method I have only tried it once, and the patient, a highly nervous lady, said it burnt her and refused to give it a fair trial.

Tuberculosis of Glands.—The affection of lymphatic glands is in most cases secondary to a tubercular inflammation in the area from which they draw their lymph; but sometimes it *appears* to be primary, bacilli having entered through the mucous membrane of the skin without exciting any inflammation at the seat of invasion. The glands most commonly affected are the cervical, bronchial, and mesenteric. The first portion of a gland to become affected is the cortical layers, inasmuch as

it is to these that the infective material brought by the lymphatic vessels is first conveyed. In the earlier stages of the process small grey nodules are often visible scattered through the cortex. They gradually increase in size and become caseous; the gland itself enlarges from the addition to its substance of these tubercles, which spread gradually along the lymph sinuses to the medullary portion. By this time the distinction between the medullary and cortical portion is lost, in consequence of the infiltration and filling up of the lymph spaces. A section at this stage presents a greyish homogeneous surface on which are patches of caseous material. Fibroid changes frequently follow, and the capsule thickens so that the caseous masses may become surrounded by dense fibrous tissue. The caseous portions may subsequently soften, dry up, or calcify.

One is constantly meeting with cases of enlarged glands in the neck, and it is very difficult to decide whether they are tubercular or not; and very often, if the history is gone carefully into, one finds that the child had an attack of glandular fever, a sharp rise of temperature with sudden enlargement of the cervical glands on one or both sides. These after a time subside, often leaving one or more enlarged glands, which at some future time become inflamed and again enlarge, and not infrequently soften and break down, or remain enlarged for weeks and months. These are, I am convinced, often diagnosed as tubercular, and are due to the streptococcus and not to the tubercle bacillus.

At the present day, when operations are the frequent subjects of conversation over the teacups, and some surgeons say that all chronically enlarged cervical glands are tubercular, and should be cut out, the sooner the better, patients are apt to get impatient if they do not see the glands rapidly diminish under medicinal treatment; but with carefully chosen homœopathic remedies such as *calc. iod.*, *arsen. iod.*, *baryta c.*, *natrum silicate*, *silica*, with occasional doses of *sulphur* and *bacillinum*, and a prolonged stay at some seaside place, a great many cases can be cured. Of course, if the glands soften and break down, the pus must be let out; but under an anæsthetic quite a small opening is often enough, and the softened gland can be scraped away without leaving a big scar, disfiguring

the patient for life. Besides medicines, X-rays are of great service, if used with care through proper shields, as I have before mentioned. A useful hint in treating large glands in the neck is furnished by the fact that under the influence of the rays the fine lanugo hair on the neck becomes much longer than on the side not treated; this is due to the fact that the dose of X-rays is stimulating to the cells at the root of the hairs, and in the same way the leucocytes are stimulated; the same dose kills the more active cells which are forming the giant cells. It is a good guide to give a dose of X-rays to tubercular glands, which cause the downy hairs not to fall out but to grow longer. In the *Medical Review* for August last are some good illustrations of cases treated by X-rays by Dr. Pirie. Treatment must be continued for at least three months. (The *Review* containing photographs was handed round.)

The first case, a boy, aged 12, had tuberculous glands for nine months, a large mass on the right side. X-ray treatment was given from February till September, once a week, when the mass had completely disappeared.

The next case, a boy, aged 10, had glands of one year's duration, size of pigeon's egg. X-rays given from December to March, when the gland no longer showed but could still be felt. There were marked adenoids before treatment which quite disappeared; the photographs show this well.

The lowest photographs are of a girl, aged 4. Treatment given once a week, from May to November. A large mass of tuberculous glands are seen very much improved. In this case the skin became a dirty brown colour due to over-stimulation by the rays.

In other case, fig. 8, at top of page, when first seen in September the suppurating gland was pointing; after five weeks' treatment the abscess began to grow smaller and less tense, and showed signs of disappearing without opening; however, it did burst a week later, but only discharged for a week.

At the close of Dr. Wynne Thomas' paper, the PRESIDENT thanked the three speakers for their papers, and the Congress adjourned for luncheon at the Imperial Hotel, Russell Square, W.C. After the luncheon, at which provincial members were the guests of their colleagues in London and its neighbourhood,

Dr. NEWBERRY (Plymouth) said : On behalf of those who have come from the provinces, I would say that we are much obliged to the friends and colleagues here who have provided us with lunch to sustain the inner man until we resume our duties at the Homœopathic Hospital. We hope, before long, to return the compliment at Plymouth, when we will give you quite as cordial a welcome as you have given us here. I am glad to hear the response. While there are attractions in London, there are many in Plymouth which you have not here. We hope that when you come we shall be able to show you some of those attractions, and to render your steps a little less distant from London than at present they are, perhaps, in the judgment of some of you. On behalf of those who are here from the provinces, I voice their appreciation and thanks to our colleagues and friends here in London.

Dr. ORD (Bournemouth) : Mr. President and Gentlemen, —I share the gratitude which has been expressed to our London colleagues for the very hospitable way in which they have received us this afternoon. I cannot add anything to what Dr. Newbery has said, except to repeat what we felt at the intellectual feast which we enjoyed at the hospital before coming here, a feast which has required us to use all our mental powers in order to absorb the rich *pabulum* provided for us. I am thankful to think that, through your hospitality, that feast has been followed by a repast for our bodies provided quite as generously as was that already ministered to our minds. I have very great pleasure in seconding the vote of thanks for this entertainment.

The PRESIDENT : We in London are always delighted to see our country friends. Although we know their faces, we do not know their names ; the older we get the worse we feel it. We thank you all for coming to see us ; we like to see you ; wherever we go we are always treated as we try to treat you here—generously. We do as well as we can, but the funds—well, you know all about it. I am thankful for what you have said with regard to our hospitality, and as to what you had on the other side of the road. We hope you will have a very pleasant afternoon.

The Congress reassembled at the London Homœopathic Hospital at 2.15 p.m. ; and the chair was resumed by the President, Dr. T. W. Burwood.

The fourth paper, entitled

ON ABDOMINAL TUBERCULOSIS,

was read by George Burford, M.B., C.M.Aberd., Senior Physician for Diseases of Women at the London Homœopathic Hospital.

As with cancer, so with tubercle: the treatment of the future is with the physician, and not the surgeon.

It is not necessary to invoke the prophetic vein of Sir Almroth Wright at the Royal Institution, where he sketched the hospital of the future as practically a huge out-patient department. Here the human race would systematically attend to receive their prophylactic vaccine, and to have their artificial immunity fashioned against the varied diseases to which human flesh is heir. The more modest view of Metchnikoff, who holds that it will become a social crime to die before the age of 120, is also of this order; but my assurance is founded not on the vaticinations of prophets, but on the actual weapons which we at present possess against tubercle, and our skill in using them. And I repeat my proposition enunciated at a former Congress, that surgery only walks in where therapeutics at an earlier stage has lacked the wit or the opportunity to tread. And even the later stages of such a dire disease as abdominal tuberculosis are already claimed for the physician, and surgery is even now invited to retire from the scene as an unnecessary surplusage. However, it has not been ever thus. In the dark ages of medicine tuberculosis presented a problem which physic, with its broth of "eye of newt and toe of frog" was unable to solve. The attempts of surgery fared no better. Shakespeare tells of—

"strangely visited people
all swollen and ulcerous, pitiful to the eye.
The mere despair of surgery."

And as with tubercle in general, so with abdominal tubercle in particular; medicine and surgery alike knew not their potentiality until the earlier ovariologists, to whom the world owes so much, stumbled upon a new and surprising fact, which pointed the way to a new curative continent. Here, as often elsewhere, great advances in therapeutics were bound up with great advances in surgery; the giant strides of the

earlier laparotomists were directly linked with the giant strides of the earlier bacteriologists, until now the bacterial treatment, with its full panoply of toxin and antitoxin, serum and vaccine, threatens to retain possession of the abdominal tubercular field. Hear the deliverance of one of their number: "*Serous tuberculous peritonitis is a territory which surgery must hand back to the internal medicine clinic, with thanks for the splendid opportunity which a misunderstanding gave to the profession, by means of laparotomy, to study tuberculosis in one of the large cavities of the body.*" But, gentlemen, we have not quite got this length yet; and my business this afternoon is to concisely indicate to you where you will wisely call in the hand of the surgeon to aid you in your combat with abdominal tuberculosis; and where the resources of therapeutics should be ample not only to palliate but to cure.

The epoch-making fact which the earlier ovariologists stumbled upon was this:—

In 1862 Spencer Wells performed an abdominal section on a young woman, aged 22, believed to be the subject of an ovarian tumour. Upon opening the abdomen he found a typical picture of tubercular peritonitis. He removed the effusion and closed the incision. The patient recovered, was married several years later, and twenty-five years after operation remained in good health.

In 1878 Dohrn operated on a child, aged 4, for a similar reason, with like result.

As usual, some time elapsed before this experience was repeated, and its full import realized. In due course it became evident that a new force had been added to those available by the physician for this lesion. Extremists have sounded the depths of "always" laparotomy and "never" laparotomy; but by the present year of grace a *tertium quid* has gradually delimited; and it is the place of this *tertium quid*, comprising the properly operable cases of tuberculous peritonitis, that I propose to briefly indicate.

For clinical reasons I subdivide my notes into age-sections, and consider the periods of infancy, adolescence, and adult life.

I do not intend this afternoon to inflict upon you a digest of the therapeutics of abdominal tuberculosis. But to the

neophyte I may say that he who in any case omits to add *tuberculin* in high dilution to his prescribed remedies, not only omits *the* therapeutic essential from his treatment, but does also a quite unnecessary injury to his own reputation. The infrequent dosage and the high attenuation—up to ~~10000~~ milligramme—of Sir Almroth Wright and his followers, have long been adopted and sublimated by the physicians of our own school.

And my conviction from experience is that the giving at regular intervals of the high dilutions of *tuberculin* is free from the risks of the negative phase; while the results are such as he who runs may read.

INFANCY AND CHILDHOOD.

Tuberculous peritonitis of one or another form is extremely common in child-life. Out of 127 autopsies of children, Sims Woodhead found tuberculous mesenteric glands in no less than 100. Evidently the majority of child-cases is either spontaneously cured, or readily cured by therapeutic measures. My colleague, Dr. Roberson Day, had a paper read before the International Homœopathic Congress of 1906, setting forth the extremely favourable results of homœopathic treatment, in his hands, of tuberculous peritonitis in children. To his monograph I must refer you for detail. There remains a moiety of cases which is recalcitrant. How are the surgically fit among these cases to be recognized?

That great pædiatric, Professor Rotch, of Harvard, puts it thus :—

Those cases of tuberculous peritonitis in children are most likely to be cured by operation—

- (1) Where the infection is confined to the abdomen.
- (2) Where the disease is chronic in course, *and* accompanied by ascites.

Professor Rotch gives 20 cases of children operated on for this affection. Thirteen were traced after a time, and 10 were found to be quite well; 2 had died; 1 had relapsed. That is, a cure lasting up to the time of observation in 50 per cent. of the cases operated on.

Dr. Roberson Day will tell us that Professor Rotch is a great authority on pædiatrics. I have purposely chosen his

cases, in that a single series is much more satisfactory than various cases from various operators of varied experience. And I would submit that a lasting cure of 50 per cent. of bad cases—for all operative cases are developed cases—in tuberculous peritonitis in children is no unsatisfactory record.

But Rotch definitely rules out of the operative sphere cases where the peritoneal tubercle is secondary to some primary focus in another part of the body; that is, more or less generalized tubercle; and cases where ulcerative symptoms are present. Here the fever is usually marked and the symptoms are pronounced.

Therefore, laparotomy is commonly useless in the worst type of cases, which are still left derelict. Willy-nilly, the physician must still use therapeutic measures for these. I make bold to say that there is scarcely a physician before me who has not cured homœopathically one or another of such forlorn hopes. This being so, the curative atmosphere obviously lightens in the direction of further elaboration of methods of therapeutic cure, rather than of a studied extension of surgical procedure. Therapeutic arrangement already has won laurels in good, bad, and intermediate cases; it is to the latter that the benefits of operation are practically limited; and I again state that progress is rather in the direction of ampler and more original therapeutics than of ampler and more technical surgery. That is, the future of abdominal tuberculosis is with the physician and not the surgeon.

THE ADOLESCENT PERIOD.

Our next survey brings us to the period of adolescence. And here I wish to concentrate for a few minutes upon a clinical condition frequently overlooked, and which has forced itself upon my attention for some years—the frequency of attacks of unsuspected tubercle in the lower abdomen and pelvis of adolescent girls.

Some years ago I was asked by Dr. Shackleton to see with him a small girl, who having been seen by another physician was said to be suffering from typhoid. If there was one thing she had not got it was typhoid. I found a typical attack of pelvic peritonitis; of appendicitis there was no indication. Rectal examination confirmed the view, and casting about for

an explanation, I came upon a translated description by a French writer of just such conditions whose remote antecedent had been the leucorrhœa from which little girls often suffer. In his view puberty in developing the endometrium had allowed catarrhal infection from the vagina : this had spread to the tubes, a drop or two of catarrhal discharge had oozed from the fimbriated end, and a localized attack of pelvic peritonitis precipitated. This was called in the French memoir *scrofulous* : it exactly fitted the case in point, and on these lines therapeutic treatment was very effective, the little patient becoming and remaining well.

This gave me material for thought : and it was not long ere I had another opportunity to verify this clinical sequence. I saw with the Vice-President a young lady of budding years who had recently passed through the throes of an attack of localized peritonitis, considered for the time as appendicitis. Yet there were some points in the case which the explanation of appendicitis did not well cover.

Moreover, she was obviously of the tubercular diathesis, and, in response to my enquiry, had suffered from vulvo-vaginal catarrh in earlier time. Some seven or more years have now elapsed : the attack has not repeated itself ; absorption and immunity have evidently—as is often the case—developed after the earlier seizure ; and though it is impossible in the absence of an abdominal section—which the gods forefend—to declare that this was a localized tuberculosis proceeding from the Fallopian tube, I myself have little doubt about it.

These cases escaped operation—the next was not so fortunate. Dr. Cavenagh, of Worcester, referred to me a young lady with an abdominal swelling, who had the strange history of having been operated on a year previously in Liverpool for pyo-salpingitis. One swollen tube was removed ; the other was deemed sufficiently sound to remain. The present swelling contained fluid ; the patient had a hectic temperature. I diagnosed pelvic suppuration, and with the assistance of my colleague, Dr. Johnstone, removed a suppurating tube containing half a pint of pus. The pelvis contained many evidences of old and dense adhesions. The patient made a good recovery. Searching for the causes of this

suppuration, I found a marked tubercular diathesis in the patient, a pronounced tubercular history in the family, old adhesions in the pelvis, evidencing old-time inflammation, and a present opsonic index, as estimated by Dr. Hare, of about half value. I regard this case as one of latent tuberculous peritonitis commencing years before the first operation, and ultimately recrudescent, and accordingly Dr. Cavenagh has put her upon a course of anti-tuberculous therapeutics.

The next case is even more definite. Dr. Newbery and Dr. Roche referred to me last year a young lady who for some time had suffered from a chronic pain in the right flank. It had become so wearying that further treatment was called for. Of the tuberculous diathesis there was no doubt, but there was no abnormal temperature. Exploratory operation revealed a pelvis which was simply a welter of manifold adhesions of the densest kind. They represented remnants of an aforesaid latent pelvic peritonitis, in all probability tubercular in type; still there was no history of any acute seizure. The pelvic organs were disentangled with the greatest difficulty from the chronic exudate; the appendix, quite unaffected, liberated; and caseating glands from the omentum removed, together with a tuberculous cyst as large as the fist, on the left side. The patient made an excellent recovery from the operation.

I show you here the opsonic index chart taken during the convalescence, and will leave my colleague, Dr. Wheeler, who kindly supervised this part of the business with me, to explain its vagaries.

This latent peritonitis in the young tubercular may lie perdu and spring up into activity later in life. At present there lies in Ebury Ward of this hospital a patient, aged 33, who had for some years suffered from acute abdominal pain. Of late this had become unbearable; the patient took to her bed for three months. Two physicians diagnosed appendicitis, and after an ineffective treatment, consisting chiefly of morphia, I was asked to see her. A definite pelvic swelling closely attached to the uterus indicated tubal trouble, but she had no rise in temperature. Operation revealed a tubal sac imbedded in the broad ligament, and densely adherent to the tissues. With much difficulty this was removed intact, the adhesions being evidently of old date, and any doubts we might have

had of its tubercular character and remote origin were removed by finding two fair-sized completely calcified glands in the mesentery, which were accordingly ablated. Here the usual course seems to have been followed; early latent tuberculous peritonitis, cessation of active increase, absorption up to a minimum, later degeneration of this remanet, and the consequent local symptoms.

I will deal with this clinical entity again when I come to adult abdominal tubercle; but here I may hint that abdominal tubercle in the adolescent has also a common but less frequent primary focus in the cæcum. My last case, I venture to think, will attract your interest. Dr. Percy Wilde referred to me a young lady living out of London whose abdominal condition was acute and grave. I went down into the country to see her, being the third specialist whose opinion had been invoked. The two previous eminent lights had differed as to the diagnosis. Acute pelvic peritonitis was obviously the fact; there was a hectic temperature, dysuria, and albuminuria. Measures were taken to relieve the acuteness of the condition, and after some time the young lady was carefully transported to town, for the operative removal of the focus of disease. Assisted by my colleague, Dr. Johnstone, I opened the abdomen, and after the usual inflammatory barrier of adhesions had been cleared away I came down upon an appendix, inflamed, enlarged, and fused into the surrounding parts. I removed the appendix, and found further a dense thickening and enlargement of the ileocolic valve, which, I may remind you, is a seat of election for tubercle. The operation had already been long, and I decided that this would fairly come within the scope of bacterial therapeutics. The reproductive organs were next examined. They also were buried and hedged in by dense adhesions. But on unearthing the ovaries and tubes, these were found unaffected; evidently the inflammatory explosion had not proceeded from them. No other tuberculous focus was found; the abdomen was closed; the patient made an excellent recovery from the operation.

Immediately she was put on a prolonged course of therapeutic treatment for the diathesis. The opsonic index, estimated repeatedly by Dr. Wheeler, was found initially to

be considerably below normal, and finally amounted to approximately full value. Gradually her full measure of health and strength returned, and this last winter she has tobogganned, skated, and disported herself in Switzerland without let or hindrance. The albuminuria has long disappeared.

Allow me here to make the point that as in cancer, so in tubercle, the treatment of the constitutional state should invariably be superadded to the local attentions of the surgeon. Each of these cases needs supervision for a full five years by the physician, after the surgeon has pocketed his fee and retired with his tools from the case. Five years is the time-limit fixed by Halstead, of the Johns Hopkins Hospital, before a patient can be said to have recovered from the disease, whether operation or pure therapeutics be employed as treatment.

The chief impact of abdominal tubercle, from Osler's statistics, is from 20 to 40 years of age. There is no need to elaborate further, adolescent tuberculosis of the abdomen in the male.

THE ADULT PERIOD.

Let us now address ourselves briefly to abdominal tuberculosis in our third time-limit, the adult life.

You will see from Osler's statistics that it is tolerably frequent here—recrudescent from an earlier latent stage, or conveyed from a distant primary focus, or originating in the abdomen here and now. I may remark that tubercle primarily of the peritoneum is a very rare occurrence—only 4 per cent. of all cases of abdominal tubercle. That is, abdominal tuberculosis is a visceral disease; like abdominal sepsis, it when originating in the abdomen is delimited to some focus; and delimited it may here remain, or become disseminated through the cavity.

I cannot too strongly urge that tubercle within the abdomen evokes a stout resistance on the part of Nature; of this resistance the limiting exudation and the ascitic fluid are evidences; for if blood serum is antagonistic to tubercle, even more so is peritonitic fluid. The process of cure then consists solely and wholly not in direct action upon the tubercle—that is

impossible—but in heightening the resisting powers of the body. This resisting power varies within wide limits, varies from time to time, and is permanently increased by the absorption of a limited quantity of degenerate tubercular material. I say a limited quantity, for the presence of a great deal clogs the wheels out of whose circlings comes immunity. This is why limited attacks in early life when recovered from often give immunity thereafter against recurrence. This is exactly what we seek to do by our remedies : to increase and intensify the efforts which Nature puts forth in every case ; in the phrase of a famous play, for which phrase I believe one among us is responsible—we seek to “stimulate the leucocytes.”

Now to abdominal tubercle. The renowned American clinic of the Mayo brothers, as phenomenal in the States as Lawson Tait's was in England, registered 6,500 abdominal operations in ten years. Of these 180, or 3 per cent., were for abdominal tubercle. This gives some idea of the proportion of abdominal tubercular cases requiring operation to others.

Now, Mayo made a most important observation. Among 180 operations for abdominal tubercle, no less than 89 were for tubercular peritonitis originating from the Fallopian tubes. Mayo found that in peritonitic tubercle in women, where ascites exists, there usually is found a patulous condition of the Fallopian tubes ; the mucosa is everted, the tube is thickened. He was struck by finding in cases where ascitic fluid had been removed by simple incision, that masses would, some time after this operation, be felt in the region of the tubes and which were not there before. He was thus led to examine systematically every operation case for tubercular peritonitis in women. He now found in the majority of such cases marked tubercular thickenings in the Fallopian tubes, and with cheesy deposits. He was led thus to the conclusion that in the majority of cases of tubercular peritonitis in women, these showed tuberculosis of the mucosa of the Fallopian tube, and that this was the origin of the tubercular peritonitis.

More than this, in seven cases already operated on ineffectively by simple incision, the abdomen was reopened, the diseased tubes removed, and permanent recovery ensued. In twenty-six cases where the Fallopian tubes being diseased were removed, as part of the operation, twenty-five recovered.

In not a single case was any further operation necessary. Twenty-five cures out of twenty-six bad cases is not a percentage to be derided.

Tubercle of the appendix is less common in women than tubercle of the tubes.

In four cases out of their 180 the Mayos found the tubercular peritonitis limited to the upper abdomen, and the omentum thickened and adherent into a kind of roll. Just such a case was in Ebury Ward last year. A patient from Wales, having been operated on elsewhere for abdominal tumour, was found to have an inoperable cyst in the upper abdomen; fluid was removed, the opening closed. But abdominal pain and general ill-health persisted, and pelvic distress coexisted. On examination she was found to have a thick, heavy mass in the upper abdomen below the incision. Pelvic examination also showed a displaced and fixed uterus; inflammation had evidently swept over the pelvis also. Our diagnosis was abdominal residual tubercle. The patient was kept in bed, dieted, given milk in excess with lactobacilline, and subjected to a thorough course of treatment with *tuberculin*. The insistent symptoms subsided; the general condition improved; the pelvic state I elected to improve by these constitutional measures. I show you the opsonic index chart. I saw the patient a few days ago, much improved in health in every way; able to get about actively and without pain, and apparently in the pink of condition. She still takes her *tuberculin* 200, in weekly doses, and in the interim, I believe, *calcareo*.

Operation for tubercular peritonitis, like all other strenuous measures, carries with it the defects of its qualities. I was asked to admit into Ebury Ward a patient as an urgent case, suffering from pelvic carcinoma, and requiring an immediate colotomy. That was the antecedent verdict. On careful examination I found that whatever the patient was suffering from it was not carcinoma; and careful management for a few days relieved the symptoms of obstruction and ruled out the colotomy. After further observation for some time it became obvious that the patient was suffering from pelvic peritonitis of the tubercular form. It was necessary to do some form of liberating operation for the pelvic adhesions, to

obviate the recurrence of the obstructive symptoms, when the patient resumed her daily life. I found the pelvis packed with dense adhesions and exudation of old origin; these were separated as far as possible, and the tubes (thickened and studded with tubercle) removed. But creeping up from the old-time focus in the pelvis was a crop of miliary spots, evidently of more recent origin. I considered that with the removal of the prime focus of the disease the miliary extension was well under therapeutic control. So it was as far as the pelvis was concerned, for this locality gave little further trouble. But, just as we were congratulating ourselves on the happy issue, symptoms of meningitis set in, and the patient succumbed within three months of pelvic operation to meningeal tubercle. I cannot avoid the conclusion that in some way the pelvic removal set free some toxin or removed some detent, which changed the venue from pelvis to cerebral meninges; and I find Mr. Targett, of Guy's, in recording some operation cases of abdominal tubercle, speaks of having had similar experiences; and this possibility, uncommon though it is, must be borne in mind in weighing the claims of abdominal operation for tubercle.

SUMMARY OF CONCLUSIONS.

- (1) Abdominal tuberculosis tends to spontaneous cure; the rapidity and completeness of this result being controlled by the amount of natural reaction to which the constitutional powers are equal.
- (2) This process of antagonistic reaction can be powerfully aided, *cæteris paribus*, by well-known remedies of the anti-psoric type, and by the nosode *tuberculin*.
- (3) In pronounced cases, the reactive forces of the organism may require the removal of certain obstacles to progress, such as collections of pus, crippling adhesions, and the removal of tuberculous foci whence reinfection may occur.
- (4) The majority of cases of abdominal tubercle are amenable to therapeutic measures only. That is, most cases of tubercle in the abdomen are cases for the pure physician.
- (5) The minority of cases require obstacles to cure to be removed by the surgeon. Such are: cases where therapeutic measures, after long and careful trial, have alone proved

inutile ; cases where acute secondary conditions, or the presence of an inveterately diseased focus causing repeated reinfection, are present.

(6) The cases most likely to be benefited by operation are those where there is copious ascitic effusion ; those of the purely fibrous or exudative form are much less promising ; those of the ulcerative form are definitely ruled out.

(7) In every case, without exception, therapeutic measures lead : the object of surgical procedure is to remove an obstacle to cure ; cure is the cure of a constitutional state.

THE DISCUSSION.

The discussion of the papers relating to tuberculosis was begun by Dr. J. MURRAY MOORE (Leamington Spa), who said : We have this day had a most complete presentment of the subject of tuberculosis, and the papers, when printed, will convey a mass of up-to-date information which will enrich our knowledge of the subject. Among other interesting matters I am glad to hear *lachnanthes tinctoria* mentioned as a remedy in pulmonary phthisis. I have used it in the case of a young woman, A. P., aged 32, assistant in a draper's shop in Leamington, living indoors, who had lost one sister by phthisis pulmonalis, and had another at her home in the second stage thereof. Treatment began on February 4, 1909, *lachnanthes* θ , 3 drops three times a day being ordered, and two tablets morning and evening of *calc. hypophosphis* 3x. A. P. gained steadily in strength, plumpness, and weight, and by March 31 had entirely lost all the physical signs of pulmonary phthisis which had been discovered at the left lung apex. The patient discontinued treatment, and one month later wrote, in answer to my enquiry, that she was perfectly well. During this short course of treatment Miss P.'s sister died rather suddenly, her doctor certifying that the cause of death was pulmonary tuberculosis. I think that *lachnanthes* deserves extensive use in the earlier stages of phthisis.

Dr. ORD (Bournemouth): I congratulate the Congress Committee on the admirable series of papers to which we have listened. It is impossible to touch upon the many points of interest that arise in the wide field covered so ably by the authors. I will confine myself to points of interest regarding

sanatoria and the treatment of consumption. I was glad to hear Dr. Wheeler advocating sanatoria for this purpose under homœopathic management, and I hope that good will result. As you know, already at Bournemouth the Hahnemann Convalescent Home has for many years fulfilled this function, and we pride ourselves in keeping it up to date in modern methods of treatment, and were the first in Bournemouth to adopt the open-air system, erecting special balconies for the purpose. About 150 cases of phthisis have been treated there annually, the medical treatment being homœopathic. Great as are the advantages of treating phthisis homœopathically, I do not consider that this can readily be proved by statistics, owing to the many factors of improvement which enter into the progress of such cases. A further advance in the treatment of phthisis now attracting attention is the importance of exercise. I find that most cases where the temperature is under 100° F. can take gradually increased walking exercise with marked benefit. It is known now that this causes auto-inoculation, and is equivalent to giving patients small doses of their own tuberculin. If too much is absorbed the temperature rises and exercise must be diminished. The old system of super-alimentation with enforced rest is now being discarded in favour of moderate food and exercise. To the drugs mentioned in the first paper I would add *aurum iodidi*—the iodide of gold. This metal produces symptoms closely resembling phthisis, in cough, fever, emaciation and sweating, and I find it often of great value, occupying a middle position between *arsenicum iodidi* in early phthisis, and *stannum iodidi* in more advanced phthisis. I am very glad to know that *stannum iodidi*, which I brought to the notice of the British Homœopathic Society in a paper some years ago, has been found so generally useful. In advanced phthisis, in quite the last stage, I find *silica* so often of marked service in relieving the distressing symptoms. It is shown by the provings to be eminently homœopathic to this condition. I would close with a word of hearty commendation for the four admirable papers to which we have just listened.

Dr. BYRES MOIR (London): I am sorry I was not present at the reading of two of the papers. The first thing that strikes me is the complete change that has taken place in

a short time in the treatment of this disease. A society like this has to think about many matters besides drugs. We do not oppose the other school, but in working with them we shall find our greatest help. When I was in Edinburgh, I found the subject in confusion. They knew about deposits in the lungs, but nothing as to any bearing this had upon the real condition. As to the actual thing, they were in perfect ignorance. The whole of that has been cleared up by the study of tubercle. Altogether, it is now one of the most hopeful things to treat. In certain cases we may allow the thing to drift on, without recognizing that tubercle is there till it is well advanced. In every one of my cases, after a long interval there were only symptoms of weariness and rise of temperature, (99° to $99\frac{1}{2}^{\circ}$ F.), to warn one that the case needed to be put upon the best treatment. Before we think of drugs we should think of the general constitution, and should work gradually from all points. The human is comparable with the merely animal as regards the influence of the blood. A short time ago doctors were all saying that the blood is really what has chiefly to do with the cure of consumption; and that if we want to keep the blood right, patients must be meat-eaters in quantity, and then they will not have tuberculosis. It sounded well. When we look at cattle and vegetarians, we find tuberculosis rife everywhere; but in the carnivora we do not find it at all. Then someone says, What about the horse? Here is another vegetarian with no trace of tubercle at all. The state of the blood—to have it in good circulation and with good corpuscles—is the chief thing. That is one of the most important points we have to look to. What the last speaker said about treatment afterwards in the way of exercise is very important. One of my patients, placed in a sanatorium, put on a stone in weight and seemed quite free from the complaint, but afterwards was in a worse condition than when in the sanatorium. There are so many points to the subject that one does not know which way to turn, but we certainly thank Dr. Burford for his paper. We are going back to the old necessity, and physicians have to take most of the work out of the hands of the surgeons again. We have brought the work of cure to such perfection, as we learn the life-history of the patient. Here, in this Hospital, case after case has been

successful that was thought to be perfectly hopeless. Under vaccine treatment the cases go out perfectly cured. I had under my own care a boy with extensive deposits in lungs and kidneys, considered to be a hopeless case. Under homœopathic treatment and with the aid of the sanatorium at Bournemouth, he was active and well within eighteen months. Considering what Dr. Burford has said as to the efficient new way of working out the drugs, we ought not to despair of any case.

Mr. DUDLEY WRIGHT, F.R.C.S. (London): It was my misfortune not to be present at the reading of the three papers this morning, but I had an opportunity of looking through Dr. Wynne Thomas's paper, which struck me as excellent in every way. There are one or two points raised by his remarks which I should like to deal with. First, the method of treatment for tuberculous glands. One development of considerable interest and very simple—that is where we find suppurating glands in the neck—can be dealt with by means of the aspirating syringe. Many have tried this, and some have failed. Mr. Eadie first drew my attention to this particular method. At the London Hospital one of the surgeons had been trying it, and had come to the conclusion that it was unsatisfactory; but Mr. Eadie tried it in our outpatient department, and found it far from unsatisfactory—very satisfactory indeed if, together with aspiration, the indicated remedy were given. Now we find that in many cases of tuberculous glands in which suppuration had occurred, and which formerly we would have treated with the knife, can now be cured by simple aspiration, which may have to be repeated once or twice, and with the internal administration of the indicated remedy. The drug that we have found most useful is *calcareo carbonica* 200, twice or three times a week. No other treatment is needed. I was interested to see what Dr. Thomas said about treatment with bottle, and blue solution in it, of lupus. The method was tried in America by Dr. Babbitt some years ago, and I showed before this Society one of his lenses used for the purpose. Babbitt's lenses are of different colours, and are filled with pure water uncoloured. He focused the light upon the disease and got good results. There is another form of treatment for glands which has not

been mentioned, I think, and that is the ionic treatment. Various remedies like *iodine, zinc, gold, &c.*, can be driven into the tissues, and so act directly upon the disease. But as Dr. McCulloch is present I leave him to deal with that method. Owing to the development of rapid photography we can diagnose phthisis at an earlier stage than was formerly the case. It is shown by instantaneous photography that this disease rarely begins at the apex. There is generally a patch at the root of the lung first of all. Diagnosis at an earlier stage will save a deal of trouble. It is a comparatively late stage when the disease has reached the apex, and specially when it has produced physical signs ascertainable by auscultation, &c. Dr. Burford's paper is excellent, and leaves little to be said. It has often struck me, when operating upon children for appendicitis, comparatively frequently one finds tuberculous glands in the abdomen. I do not hesitate to remove them when they can be easily dealt with. I think the fact Dr. Burford mentioned, that meningitis occurred after operation for tuberculous peritonitis, should not weigh much. After all, surgeons who operate upon a tuberculous focus in other parts of the body experience occasionally the same complication as a result of their operative measures. But this would not, I think, deter them from doing such operations.

Dr. ROBERSON DAY (London) : Mr. President and Gentlemen,—In the short space of five minutes it is impossible to criticize, even if that were desirable, the four papers which call only for commendation. I should like to emphasize the enormous importance of that medicine which I think most of us now give largely. At one time or another all my patients who have any suspicion of tubercle have weekly doses of *tuberculinum*, and under that treatment one and all benefit. Reviewing one's practice during recent years, it is surprising what a difference has taken place in the treatment of these cases. Years ago enlarged glands were handed over to the surgeon for removal. Now I never do so. These cases all come under the care of the physician ; and when they suppurate it is not necessary to have an extensive operation. I have never tried aspiration, but in operating I make a small incision and let out the pus by Hilton's method, then

pass in a sharp spoon and curette the abscess cavity, and, under boracic fomentations, the whole thing gets down in a short time and little scar remains. It is so different from the disfiguring scar which used to result from extensive operations upon glands. I recall, some years ago, a patient of mine met Sir Thomas Barlow, who was quite for operating upon the glands, and, but for my intervention, this boy would have undergone an operation for glands and would have had a disfiguring scar in his neck. The case completely cleared up with medicine, and the boy is now quite clear from glandular swelling, and was, moreover, saved any risk that might have attended the operation. With this *tuberculinum* we can do wonders, and I think it is a thing we should all use at frequent intervals, but in all these cases at one time or another. Another medicine all my patients get, I notice from my notes, is *calcareæ*, or one of its compounds. We have *calc. carb.*, *calc. phos.*, *calc. iod.*, all of the greatest value, besides *silica* and *arsenic*. Under such treatment it is simply wonderful how tubercular glands and tuberculosis of various organs of the body improve. I can recall cases which have left this Hospital, where they had ceased to make any progress from the Hospital atmosphere, in an almost hopeless condition, and yet, after steadily attending in the out-patient department and continuing treatment for a length of time, they have eventually recovered. There was a long case of a boy with phthisis, who was steadily going downhill. Now the boy has put on flesh and will eventually recover. Our warmest thanks are due to the gentlemen who have entertained us with such instructive papers to-day.

Dr. EDMUND HUGHES (Liverpool) : I should like to join in thanking the writers of these interesting papers. Regarding the sea-water preparation mentioned by Dr. Wheeler, Quinton was led to try it because he found it contains the various salts in the same proportion as they exist in human blood. The prepared mixture is passed through a Berkefeld filter, in the cold to sterilize it. I doubt very much if this method would satisfy scientific requirements in sterilization, though it could be relied upon to remove crabs, molluscs, and other sea monsters. I have, however, now in my possession a supply of fresh sea-water, collected for me in mid-Atlantic, at a depth

of three fathoms, for use in certain cases of infant atrophy that I have under observation. *Cinnamate of soda* I once used on a patient, according to the method mentioned by Dr. Wheeler in his paper. The patient had fibroid phthisis, and was treated thus for one month, during which time she gained 2 lb. in weight. I do not expect good from *fibrolysin* in such cases, because I think *fibrolysin* gives its good results only on fibrous tissues, in situations which allow of stretching or massage, while the treatment is going on. In the cases we are considering, and in some others, as pleuritic adhesions from any cause, pelvic peritonitis, &c., no stretching is possible. I have given up using it subcutaneously on account of the pain caused, and now give it intramuscularly, where it causes neither pain nor nodules. Regarding a case of hæmoptysis given by Dr. Cash, which ceased in twenty-four hours under *ferrum aceticum*, I believe there is danger of fallacy, because the hæmorrhage might stop in such cases without *ferrum aceticum*. In tuberculous cervical glands, my own practice is to remove them if only a few are felt and these are movable. But if numerous, it is a fair inference that many more are present in the deep tissues. In such cases I advise a long course of medical treatment. If aspiration be done for abscesses, I suggest the after-injection of *iodoform emulsion*, as is still so successfully done after aspiration in psoas abscess. Respecting tuberculous peritonitis in the young, I might add the opinion of Dr. G. A. Sutherland, who considers that, even in the ascitic form, non-operative treatment gives as good results as operative. I should like to ask Dr. Burford if the cases in Osler's series of 346, which he has shown us, were taken from an equal or nearly equal number of general patients at the different ages mentioned. If not, the figures are valueless. Again, in the two cases in young girls, preceded by leucorrhœa, was the gonococcus examined for? I think it possible that these might, at least conceivably, have been due to gonococcal infection.

Dr. MILLER NEATBY (Bradford) : I wish to ask what should be considered a febrile temperature, calling for rest in bed, in a tuberculous patient? Latham says that a morning temperature of 98·6° F. called for rest in bed; whereas Cornet says that 99·2° or 99·3° F. may be regarded as within

normal limits. If a physician makes a constant practice of taking temperatures, as I myself did at one time, he will be surprised at the number of more or less elevated temperatures for which there is no readily ascertainable cause. In connection with diagnosis, I would like to know whether any members have had experience of the ophthalmo-reaction in tuberculosis. I may cite the interesting case of a young woman complaining of vague abdominal pains, whose temperature was almost always a little above normal, but in whom no physical evidence of disease could be found. She reacted, though slightly, to Calmette's ophthalmic test, and in consequence I diagnosed tuberculosis. The patient was taken to another doctor, who diagnosed "congestion of the connective tissues" (whatever that might be), and considered the case not serious. Some seven or eight months later the girl died of tuberculous ulceration of the bowel.

Dr. E. A. NEATBY (London): In the short space of less than five minutes I will say what I have to say. Dr. Wheeler's paper is a model one, wherein accurate chemical and pathological material are combined with therapeutics of an up-to-date type. While I agree fully with Dr. Burford that constitutional treatment is, of course, of primary importance, yet I think that more emphasis might have been placed upon the not inconsiderable proportion of acute cases (some of them indistinguishable from gonorrhœal or septic infections) demanding immediate operation. As with pulmonary cases so with pelvic—the infection is sometimes mixed. In some cases where exploration reveals that little can be done surgically beforehand, I have found a staphylococcic vaccine given by the mouth, to be of great service.

Dr. GRANVILLE HEY (London): I have not much to say. My remarks will be chiefly with regard to what was said this afternoon. I was kept busy downstairs this morning. Mr. Dudley Wright referred to the aspiration of softened glands as opposed to opening them. I am not aware that the process is so recent as we were led to suppose. I rather think they used it in Edinburgh long ago. If we hope to get success from aspiration of softened glands, it must be done as soon as fluctuation is detected, and before the skin has become thinned and devitalized. If the skin is thin or breaking down

where the needle goes in it is almost sure to break down, and scarring will result. If we can aspirate with sterilized syringe, —barrel, piston, and needle—it is a good plan to prepare and administer a vaccine from the patient's own pus. We have had good results from that treatment downstairs. Dr. Day spoke of opening and curetting. To those who care to try, I would suggest that, after curetting through as small an opening as possible to allow of evacuation, the cavity be swabbed out with 1 in 20 carbolic acid lotion for a few minutes, so as to allow the antiseptic to have effect by that means. Last Saturday morning I had occasion to treat a little boy in this way downstairs. I did not see him again until this morning (barely five days' interval), and it is surprising to find that the greater part of the cavity has closed up by contact and adhesion of the two walls. In those cases only a small incision is necessary. A gauze drain may be inserted if desired, but need not be left in more than forty-eight hours. I am amused by Dr. Hughes' remarks about the Berkefeld filter. He will be surprised to hear that all the water used in operations in this Hospital is sterilized by passing through Berkefeld filters, and is not even boiled. In the South African War, the water taken from the dirtiest rivers was absolutely sterile if passed through a Berkefeld filter, which was kept in perfect order. Dr. Neatby referred to the temperature in tuberculous cases, and the difficulty of accounting for the persistent temperature one meets with. Recently we had a boy in the Hospital with a fracture of the tibia. He made a good recovery and went out. A short time after, he came to me in the outpatient department, with an angry swelling over the front of the tibia. He had fallen several days before and had hurt his tibia. One knows from experience that acute suppurative periostitis commences immediately after the infliction of an injury to an unhealthy patient, and abscess formation results within twenty-four or forty-eight hours. On cross-questioning him, I found he had had a kick on the tibia a few hours before; and here was the tibia red and swollen. We treated him with the ordinary surgical treatment, and with *hepar* 30 or 200. Some time after the wound had healed, he still had a temperature as when he first came. He was apparently well, but the temperature was 99°2', 99°4', 99°6' F. We were at

a loss to know what was the cause. Had that been tubercular periostitis it would not have healed within a week of being opened and treated. Dr. Neatby also referred to the ophthalmo reaction. This has been dropped because we found it was not reliable. I think that men who are accustomed to experimental research say that if you get an error of more than 10 per cent. in an experiment, it is not reliable. In our experience of the ophthalmo reaction, the error is 16 to 20 per cent.

Dr. E. B. ROCHE (Norwich): Mr. President and Gentlemen,—I am glad, as a country member, to express my great appreciation of the excellence and interest of the papers we have listened to to-day. The subject is especially interesting to me, as I was present about three months ago at an operation for colotomy on a patient of mine, by a leading London surgeon, to relieve the urgent symptoms of a large mass involving the lower bowel and bladder. The diagnosis lay between malignancy and tubercle, and tubercle bacilli were found in the discharge from the bowel. Sea air, washing the bowel through, and the steady use of *tuberculinum* 12 have so altered matters that there only remains a trace of the mass, and closure is under consideration.

Dr. McCULLOCH (London): As I have not had the advantage of hearing all the three important contributions that have been made, it is not my intention to offer any criticism or make any remarks upon them, but as Mr. Dudley Wright has kindly referred to me, and the utility of electrical methods in the pathological processes of tuberculosis, I will endeavour to make my remarks on that point as brief as possible. *Sunlight* doubtless produces its beneficial effects when and where atmospheric obstacles to its penetration are least. Such sunlight is available on the Swiss Alps and at similar altitudes in the temperate zone all the world over, but not here. These effects are ascribable to the ultra-violet, the β , γ , and X-rays emanating from the compound rays of the sun. It is necessary to realize that these various agents, known as "rays," are *molecular solid matter in a state of high velocity*. These molecules are, as a rule, *negatively charged*, and have affinity, as a rule, only for *positively charged* molecules that they meet in their course. These latter are comparatively rare;

indeed, physicists believe that they do not exist in the free state. But there is good reason to suppose that they exist in the colloid matter constituting bioplasm, especially the highly complex enormous molecules in the nucleus of the neuron or "master-cells" of the body; also in the cytoplasm of all non-nucleated vegetating and transitional cells of the neoplastic order. The molecules in such cells are disassociated *on impact*, and, after a time, fail to reassociate, forming a detritus which is diffusible. It is on this basis that such agents are capable of being therapeutically utilized in the human economy. There is, therefore, always a trace of toxæmia of an innocuous kind following their use. The molecular constitution of the fixed cells being more stable, they do not lose their equilibrium, and remain unaffected with ordinary care. With *ionic cataphoresis* in medication, there is a close analogy with the former method. The *electro-negatively charged ions* of Cl, for example, which are driven into the tissues, seek out and combine—electrically, first, and chemically afterwards—with all free Na ions that there are, these being always *positively charged*. Thus, normal Na Cl results at the expense of abnormal transitional tissue cells. Regarding the causes of hyperpyrexia, apart from auto-inoculations in tuberculous processes, I think that the *secondary infections* by streptococci and staphylococci are common sequelæ that are overlooked, and they lead to fatal terminations oftener than is supposed. Before concluding, I would like to refer to an article on p. 493 of the *Lancet* for 1906: "Observations on Sterilized Caseous Matter, &c.," which should greatly interest homœopaths, as I understand that *tuberculinum* was so obtained. I consider that there is a promising field for its study and perfection. But what is, in my opinion, of supreme importance in the domain of physiology and anatomy is the quite unexplored regions of the lymphatic system, which urgently requires investigation and research. In this our French *confrères*, Delamare, Cuncot, and Porier, pupils of the great Sapey, have distinguished themselves in the past. In reference to this and immunization in tuberculosis, I would draw attention to my contributions on pp. 215 and 544 of the *Lancet* for 1907.

Dr. C. OSMOND BODMAN (Bristol): What strikes one

most forcibly in connection with tuberculosis, not only with reference to what we have heard to-day, but also in practice, is the way that cases which are apparently hopeless ultimately recover under homœopathic treatment. I also have used the method of aspiration for breaking down glands with success, employing, after the aspiration, an injection of *iodoform* and *creosote*, as recommended by M. Calot, of Berck-sur-Mer. I would like to qualify the contra-indication to this method mentioned by Dr. Granville Hey, by saying that if a portion of uninflamed skin can be found in the vicinity of the swelling, the needle may be safely introduced through it, thus avoiding the breaking down which always takes place when aspiration is performed through skin that is inflamed and adherent. I hoped to hear more as to the treatment of tubercular meningitis, which certainly does appear to be a hopeless condition, for although I have been unfortunate enough to have a number of these cases to treat in children, yet no medicine, in my experience, has had any beneficial effect. With reference to the remarks which have been made as to rise of temperature as an evidence of tuberculosis, I was much struck, a few years ago, by the case of a girl who persistently showed some evening pyrexia, though repeated examinations failed to reveal any cause for it. After returning from a holiday, I found that the patient had developed acute tuberculosis, and had rapidly succumbed to the disease. I can commend the use of X-rays for tubercular ulcers, and may mention the case of a girl who suffered from one, affecting the face, which had been scraped two or three times, but always recurred. After a course of X-rays the ulcer became soundly healed, and remained so, though the patient afterwards developed a tubercular knee. I should have been glad to have more information as to clinical tests for tuberculosis. The ophthalmo-reaction I have found unreliable, the results being sometimes so indefinite as to be of no assistance, and at other times there was no reaction in cases of apparently undoubted tuberculosis. I have recently used the cuti-reaction, and have found this test more satisfactory, but have not had sufficient experience with it to know whether the results given by this method are to be relied upon.

Dr. GRANVILLE HEY (London): I am in perfect agreement with what has been said by the last speaker touching the method of aspiration, provided that any portion of uninflamed skin can be found.

The PRESIDENT: Had I not confined you, gentlemen, to five minutes each, we might have gone on until midnight. There is little left for me to say, except that we have had four splendid papers, which show that homœopathy is well abreast of the times. Dr. Wheeler's paper was a grand one. As to the others, it goes without saying that we have all appreciated them immensely, Dr. Burford's especially. I now call upon the gentlemen responsible for those papers to make any remarks they may see fit.

Dr. C. E. WHEELER: Mr. President and Gentlemen,—I thank you very much for your kind appreciation of my paper. I was afraid I should prove wearisome to you, and am relieved to find, at least, that you have not had more from me than you can endure. Of many things that I should like to comment on I must select just one or two. The point raised by Dr. Burford with regard to the metastasis of tubercle—when cure or improvement in one site is followed by development elsewhere—is a most important one, and one which demands more investigation. I have twice seen lung cases improve enormously in pulmonary condition after development of tubercle elsewhere; and in each case the secondary lesion also ran a favourable course. Possibly sometimes the new development is an attempt on the part of the system to tap, as it were, a new area for the manufacture of antibodies. The phenomena that follow aspiration of glands or abdominal section are to be considered as due largely to the bringing of fresh lymph to replace the pus removed. Sir Almroth Wright has shown that the pus under these conditions is exhausted in opsonins and of lower opsonic value than in the blood. To Dr. Ord—whom I thank very much for his recommendation of the *iodide of gold*, a drug of which I have no experience—I want to say that I did not forget the Hahnemann Home in pleading for a homœopathic sanatorium. I want a sanatorium for paying patients. Supported by all of our body, it would pay; and if built out of publicly subscribed funds, the profit could be devoted to furthering the work of

institutions, like the Hahnemann Home, that exist for the sick poor. To Dr. Hughes I want to mention, in passing, that those who use the Quinton plasma say that it must not be kept too long. Filtration through a Berkefeld filter is enough sterilization; and sea-water from mid-ocean at three fathoms depth is not likely to contain pathogenetic bacteria any way.

To Dr. Bodman I would say I wish I could recommend a hopeful drug for tubercular meningitis. But my feeling is that it is worth while, in so desperate a disease, to try a desperate remedy and give *tuberculinum* in lower potencies frequently, in the hope of rousing a swift reaction. Once more I thank you all most heartily for your kind attention and flattering criticisms.

Dr. A. MIDGLEY CASH (Torquay): After the all but uniformly favourable report on the action of *tuberculinum*, I must reconsider the remarks made in my paper. I have not used it as much as I should otherwise have done, having seen some apparently unfavourable effects. What Dr. Hughes has said as to the *post hoc* or *propter hoc* in reference to the action of *ferrum aceticum* in hæmoptysis applies to all our remedies. We have to act upon general lines and by experience supplemented by careful experiments made in the laboratory and provings, judging of them by what appears to be the effect in our patients. With regard to the surgical treatment of enlarged glands, I was interested in the remarks made by Mr. Wright with reference to their aspiration. The treatment seems very reasonable, and I should keep it in mind to try it on a suitable occasion. Short of their excision, I have had favourable effects from the use of the *electro-cautery*. In one case a lady came to me. Her allopathic attendant insisted that the enlarged cervical glands must be excised. I proposed to deal with them in a different manner. The suppurating glands were carefully touched with the fine point of the electro-cautery. They at once took on healing action, sinuses closed, and the suppuration ceased. The result was satisfactory, hardly any scar being apparent. As to the general subject, we have had an interesting discussion on tuberculosis, and we shall go home renovated as to knowledge and treatment of this serious disease.

Dr. H. WYNNE THOMAS: I do not think there were any

questions arising out of the discussion that I was asked to reply to. If Mr. Dudley Wright had been present when my paper was read, he would have heard my reference to the ionic treatment. I think the discussion has brought out the fact that we are nearly all agreed that enlarged glands can be cured by homœopathic medicines ; and that, if they break down, only a slight operation is necessary, not the wholesale removal of glands as recommended by some surgeons. I may instance the case of a young lady, aged 15, who returned home from school with a number of enlarged glands in the neck, which I treated with medicine. There was a strong tubercular history in the family, the mother dying some months later from phthisis. The girl went to Margate. While there, the mother took her to see a surgeon who said she ought to have an operation without delay. The mother wired to me, and I wired back: "On no account allow an operation." By persevering with remedies the girl got perfectly well, and now there is no trace of enlarged glands left. I am glad to hear what Dr. Wheeler says about sanatoria in England, for I believe that, if kept in England with English comforts and within get-at-able distance of their friends, many patients will be much happier, and that is an important factor in the chances of recovery.

Dr. GEORGE BURFORD: I am glad to hear the remarks from Dr. Moir as to the enormous change which has passed over the views held by physicians during the last quarter century as regards the treatment of abdominal tuberculosis. Whereas formerly it was regarded as largely an incurable condition, of late the venue has changed, and this affection is coming more and more within the scope of curative therapeutics. One case I should like to mention as bearing upon my thesis of early pelvic tuberculosis in girls during adolescence, and whose import is missed. I saw a patient early in the present year whom I have known for nearly a quarter of a century. Between the ages of 14 and 18 she had each year a recurrent attack of pelvic peritonitis. This, of itself, at such an age, raises the presumption of pelvic tubercle. Alone, however, it would not be sufficient evidence, but when I say that her brother, over 40 years of age, died a few months ago of abdominal tuberculosis, succumbing to an acute attack

of peritonitis, and in whom any tubercular taint had been entirely unsuspected, it lends collateral force to my view of her case. And further, I may add that what she consulted me for was uterine hæmorrhage, which proved recalcitrant to ordinary remedial measures, but yielded at once to one of the preparations of *hydrastis*, which is a well-known anti-tuberculous remedy. With regard to how abdominal operation is supposed to cure, no less than twenty cut-and-dried theories have been presented to the world as explanatory of this result, but, to my mind, the one that holds the field is that of Allen, in his work on vaccines. He there makes the suggestion that although peritonitic fluid is antitoxic, yet that secreted after the removal of tuberculous ascites has a far greater antitoxic value, and that the issue of removal is to set going, in this way, an enormous proliferation of connective tissue cells, which ultimately disestablish and exterminate the tuberculous infiltration.

I thank you very heartily for the kind reception you have given to my paper.

NEXT YEAR'S CONGRESS.

On conclusion of the discussion, formal business was taken relating to the Congress for 1910. It was unanimously agreed that the place of meeting be Tunbridge Wells; that Dr. Nield, of that town, be President; that Dr. Roberson Day be Vice-President (on the motion of Dr. D. Dyce Brown, seconded by Dr. Roche); that Dr. D. Dyce Brown be Hon. Secretary; that Dr. George Burford be Hon. Treasurer; that Dr. Pincott be Hon. Local Secretary; that the vacancy on the Council caused by the non-re-election (as personally requested) of Dr. J. G. Blackley be filled by Dr. MacNish, but that, in the event of that gentleman being unable to serve, the Council have power to elect another in his place.

CANCER COMMISSION.

On a reference by Dr. D. Dyce Brown to the Cancer Commission appointed at the last Congress, Dr. E. A. Neatby said: The work done by the Commission has been somewhat limited, for the year has been one of great stress of work in all departments. The time of the members who met for the

purposes of the Commission upon two occasions has been much occupied in the interval. They progressed only so far as the making of a revised schedule—with suggestions for various methods of treatment—to submit to members of Congress and all members of the homœopathic body. If it is the pleasure of the Congress that the Commission go on, the schedules will be circulated, and co-workers will be invited. One of the difficulties in the situation is that, at the last Congress, no officers were chosen for the Commission. There being no convener and no secretary, the Commission had a certain lack of organization. As I was the reader last year of a paper bearing upon the subject and the proposer of the Commission, it appears now to fall to me to take some part in the matter. I have endeavoured to find a secretary, but, up till to-day had not succeeded. But if it is the pleasure of the Congress that the Commission go on and become effective, as I hope it may, I can now, with the consent of the gentleman in question, nominate one who will organize in a way that I cannot do, owing to numerous claims upon my time.

On the motion of the President, seconded by Dr. Hey, Dr. Miller Neatby was appointed Secretary of the Commission.

The Congress was then entertained at afternoon tea by kind invitation of the Board of Management of the Hospital. It was decided by a vote in the tea room that next year's Congress be held on the day following the Annual Assembly of the British Homœopathic Society.

THE DINNER.

The members of Congress, with their friends—ladies as well as gentlemen—dined together in the evening at De Keyser's Royal Hotel, Victoria Embankment, E.C., at 7.30 o'clock. Among the guests present were the Right Hon. the Lord Mayor and the Lady Mayoress, Mr. and Mrs. Stilwell, Mr. Carlton Stitt, Chairman of the Hahnemann Hospital, Liverpool, Mr. Wm. Willett, and Mr. Ford Duncanson. After dinner, Grace was said by the Rector of Slinfold.

The toast of "The King" was proposed by the PRESIDENT, who said: King Edward watches with solicitude anything appertaining to hospitals and dispensaries, and His Majesty's energy in promoting contributions to their funds we all know.

We admire his great tact and thoughtfulness, and esteem him for his non-favouritism. He sends game to our Hospital, as well as to others. We should be gratified if His Majesty would only get hold of "the opposition," and try to persuade them to send all the sick into our Hospital, to be treated homœopathically.

The honouring of this loyal toast was followed by the singing of the National Anthem, led by Mrs. Best.

The PRESIDENT: I have to announce that the following ladies and gentlemen have sent communications expressing their regret at inability to be with us this evening: The Earl and Countess Cawdor, the Earl of Dysart, the Earl and Countess of Donoughmore, Sir Robert and Lady Perks, Colonel and Mrs. Clifton Brown, Mr. John Churchill (of Bromley, Kent, the Chairman of the Tunbridge Wells Homœopathic Hospital), Mr. R. L. Impey (Chairman of the Birmingham Homœopathic Hospital), Colonel Caulfield, (Chairman of the Buchanan Hospital), St. Leonards.

The PRESIDENT: My next duty is to propose "The Memory of Hahnemann." The name of this illustrious German is a household word with us all the world over. But for this name, none of you would be here to-night. We delight to honour that name, and our presence celebrates the greatest scientific reform medicine has ever known. Hahnemann's magnificent name has stood the test of time, while an examination of his doctrine will show that it is quite *en rapport* with all the advances of the present day. It would be nothing very surprising if some one, in the name of medicine, claimed to have found a heal-all; but here is the man who discovered a fundamental law which will be operative as long as the world exists. To-morrow is the sixty-sixth anniversary of his death, which took place in Paris, on July 2, 1843.

Dr. CASH REED (Liverpool): My Lord Mayor, Ladies and Gentlemen—When requested to propose the toast to "Homœopathy" this evening, I was considerably informed that it was to embrace "everything homœopathic"; and, as though this were not enough to take one's breath away, the writer added that it was all to be done in the space of five minutes!

Was ever such a colossal task imposed upon an after-dinner speaker? When I look round upon this brilliant scene I wonder if, after all, those—once of our body—who sighed after the flesh-pots of Egypt and returned to them, would not have done well to wait the *developments* of this year of grace 1909?

In days gone by homœopathy was treated much as Joseph's coat of many colours. Its appearance was sufficient to bring division amongst brethren, and disaster to the wearer. It has been torn to shreds and trampled upon, and stained for about 150 years. Twelve months ago it was only recognized by those who knew it intimately, but to-day the stains have turned to an imperial purple. Our nurses are territorial, and homœopathy is recognized by the nation.

But this is not all. It is not due to these external aids that homœopathy owes its present position. Such scaffolding is useful and proper, but if homœopathy itself be not full of robustness and virility, it will not stand even with the aids to which I have referred.

But, my Lord Mayor, homœopathy is a dynamic force instinct with life and vigour, and this is the primary reason of its success. The centre of gravity in medical systems has of late years altered its position, viz., from tradition to experience. Men do not, as they once did, accept the traditional slur on homœopathy as final, but they put the system to the test of experience.

I understand, my Lord Mayor, that this "tabloid" toast includes "Hospitals and Dispensaries, teaching arrangements, and Journals"—a conglomerate of extraordinary potentiality, surely! Where may not these influences be felt? Where not, indeed, considering they have already reached the South magnetic Pole!

With regard to our hospitals, there can be no doubt that they are some of the most excellently worked institutions in the country. The enthusiasm and business acumen of those who regulate them are remarkable; but I should like to suggest one method by which I believe they could become still more useful and present a more effective battering ram to hide-bound tradition. This is by producing more tabulated statistics. Personally, I loathe information served up in this

way and neatly trussed, but I am quite sure this is not the general feeling. What we want, my Lord Mayor, is a kind of medical actuary, in order to avoid comparing things which differ, and I suggest that someone apply for this post at the London Homœopathic Hospital.

With regard to our journals, we are, unfortunately, all prone to put forward our own little patent hobbies, and I think our able Editors must, in this respect, be as troubled as poor Mr. Dick in his efforts to exclude the gruesome spectacle of King Charles' head from his memorial!

I dare not sit down without one word on the subject of the dispensaries. These work always in the shadow, in the dark slums of great cities, where poverty and gratitude alone abound. Yet it is to our dispensaries solely that hospitals, great and small, absolutely owe their existence.

I have not yet mentioned the teaching arrangements which have grown so gigantically since I was taught. I sometimes wish I might begin again! But my five minutes is up and over, so I beg to conclude by proposing the toast, "All things homœopathic."

Dr. STORAR (Ramsgate): I have the honour to be asked to propose the toast of "The Guests," coupled with the names of the Right Hon. the Lord Mayor and the Lady Mayoress. The year 1909 will be always looked back to as one of the most extraordinary years in the history of homœopathy. This 1st of July will be looked upon as one of the red-letter days of the year, and that mainly owing to the fact that, for the first time in the history of this movement, we have among us, in his official capacity, the Right Hon. the Lord Mayor of London and Lady Mayoress. As plain Sir George and Lady Truscott, they have been welcomed here upon many occasions, but this time, as the Right Hon. Sir George Truscott, Baronet, and Lady, they are more than ever welcome. The main reason that we welcome the Lord Mayor here this evening is that he has always stood such a good friend to homœopathy. There are many gentlemen in a position similar to his—laymen, who might have an excuse for not coming to a decided opinion upon a scientific problem like this. Where doctors differ, laymen may be excused for not forming a settled

opinion. I do not know what reason induced the Lord Mayor to investigate and study homœopathy, for no doubt he has had the enterprise to investigate it. Moreover, he has had the intelligence to appreciate the beauties of our system. More than that, he has had the wisdom to apply it, to adopt it, in the treatment of himself and, with the acquiescence of the Lady Mayoress, in the treatment of his family, with happy results (as we may see) in the condition of that family. Most of all we admire him for the moral courage which has induced him to come out and make a bold stand in furtherance of this truth of homœopathy. In many exalted circles it is not considered politic for anyone to closely associate oneself with any movement of this character, which is in the least degree under a cloud or open to controversy. But no such pusillanimous attitude could commend itself to a man of his Lordship's bold and benevolent temper. Most of us have friends who are very much addicted to homœopathy, and who not only take the medicines themselves but give them to their children. But they are almost ashamed to recommend the treatment to their friends; that is a great pity. If these fearful folk could only see the Lord Cawdor—we are sorry he is not with us this evening—Chairman of a great Railway Company, one who has also been Chief of the Admiralty, and a man skilful in the management of clergymen; if they could only see a highland laird like that sitting down with city aldermen over a cup of something homœopathic, these fearful folk would say "That's all right, there must be something in it."

We thank the ladies, particularly the Lady Mayoress, for their presence with us this evening. We are sorry that circumstances prevented her Ladyship accompanying his Lordship to the laying of the foundation stone yesterday. But we are well acquainted with the reason of her absence, and when one is engaged in a duty equally philanthropic, we are not disposed to be too selfish in the matter. Although we had not her Ladyship with us, she had an efficient substitute in the person of her daughter, who not only gracefully received the money entrusted to her, but faithfully disposed of it afterwards. Most of us are good at receiving money, but we are not so ready to part with it as she was,

in the belief that "It is more blessed to give than to receive." We should not have been so successful but for the ladies, who have taken such a warm interest in our movement. No social movement can afford to ignore the ladies. We consider them to be of importance in all things that concern women, and the only man who is disposed to ignore their services is the Prime Minister! See what a pickle he has got himself into on account of that!

There are some guests here this evening whose names I should like to add to the toast in a specific way. Particularly do we offer a welcome to Mr. Carlton Stitt, of Liverpool, chairman of one of the most efficient hospitals in the kingdom, and the most successful hospital of our cause outside the City of London. I would also mention a gentleman from the north of Ireland, Mr. George Mackaby. Ladies and Gentlemen,—I have much pleasure in asking you to stand and drink to the toast of "The Guests," coupled with the names of the Right Hon. the Lord Mayor and the Lady Mayoress.

The Right Hon. the LORD MAYOR: Mr. President, Dr. Storar, Ladies and Gentlemen,—I feel it to be a high honour that the names of my wife and myself should have been associated with the toast of "The Guests" to-night. Consequently, I feel myself to be a guest, but, emphatically, I think I am right in saying that my wife and I are two of yourselves. Reference has been made to the fact that, during the last few months, we have been giving the general public allopathic doses of homœopathy; I am very glad that we have been in a position to do so, and only hope that the result may be eminently satisfactory to our cause in the immediate future. You are quite right, Sir, in saying that my wife and I have practised homœopathy in connection with ourselves and with our family; therefore, we are able to speak upon the tested principle of homœopathy, and we have no hesitation in recommending all those who have not tried this particular form of medical treatment to try it at once. I do not mind if they try it only upon their children; in fact, I think I would rather prefer that, because children cannot be cured by faith. Moreover, if we look after the children of to-day, we are looking after the next generation. I am very pleased

that amongst the numerous guests for whom I have to reply there are so many ladies. Now the ladies' support is of great advantage to every cause. We do want to win over the ladies. I won over my wife. I was under homœopathic treatment before I married. My wife found it suited me so well that she adopted it herself, and it has always been used for our children; so that the ladies can do something for us, not only in collecting money, but in the propagation of our gospel. Mr. President, I should like to have the opportunity of thanking you for one of the first telegrams I received last Friday morning, addressed to myself at the Mansion House. It said: "Dr. Burwood, as President of the forthcoming Homœopathic Congress, desires to send hearty congratulations to the Lord Mayor on receipt of the honour conferred upon him." You intended that, Dr. Burwood, I know, not only as a compliment from yourself, but as representing the whole of homœopathy. I have pleasure in returning to you the grateful thanks of my wife and myself for your great courtesy. One word to Dr. Storar for his reference to my daughter yesterday. It was a cause of keen regret to my wife that she found herself prevented from being in her place, but I am glad you were able to say that my daughter fulfilled her duty well. I am sure that when I tell her so it will encourage her as regards anything of the kind that she may have to do in the future.

The next toast, "The President," was proposed by Dr. D. DYCE BROWN, who said: My Lord Mayor, my Lady Mayoress, Ladies and Gentlemen,—This is the last toast on the list, but by no means the least, and one that I have the greatest pleasure in proposing. Not infrequently a man is asked to propose the health of a Chairman or President when he does not know him intimately and can only say a number of nice things which are of little value. But in the present case the thing is different. I have known Dr. Burwood for very many years, and though I could not say that no one knows him as well as myself, yet I can safely say that no one knows him better. We see Dr. Burwood to-day in three different aspects. First, as he is visible to all eyes as the President of the British Homœopathic Congress, whose proceedings, from the admirable, inspiring, and elevating

address of this morning, he has conducted with a dignity and grace much to be admired. Next, we see him in his daily life and work in a manner that is known to many, but not to everyone. We know him as a hard-working doctor, devoted to his profession, full of zeal for the truth of the great law of Hahnemann, *Similia similibus curantur*, and its beneficial curative effects, and using his talents to his utmost for the good of his patients; not looking on his professional work as merely something to do, as some doctors are in the habit of doing, glad to escape from it whenever possible, but deeming it a labour of love, a pleasure and a joy. The result is, not only a successful man, but one who is trusted, confided in to the utmost, and, I may also add, beloved by all who thus know him. And, thirdly, we see our President in a light in which he is known to a comparatively limited number—in the light of his personal character. This character is a very unique one. We see a man who shows what can be done by living up to high ideals, who goes about his work and his life with a bright star continually before him, and keeping it before him as a sure guide from which he cannot turn aside. We see a man straight as an arrow, honourable to the backbone, and trustworthy in the minutest detail. It is a character that is crystallized in the admirable Presidential Address of this morning, showing us a man that, with one great aim in life, goes through it with single-minded devotion. I am sure that all of you will join me in wishing Dr. Burwood many years of health and strength yet to come, and when he shall be at last removed from us, we shall see him yet more clearly as one of the most beautiful examples of humanity that it has been our privilege to behold and to know.

The PRESIDENT: I am extremely obliged to Dr. Dyce Brown for the kind things he has said about me, though I feel I am not entitled to them; but as you have so kindly received this toast, I am proud to acknowledge it by thanking you heartily.

As I consider that the three greatest blessings in the world are: First, Religion; second, Homœopathy; and, third, Temperance, I hope I may be spared to still further the cause of each.

As a true homœopath, and one who has been the means

of influencing large numbers of people to become homœopaths, I feel my election to the post of President of this Congress to be an honour conferred upon those who have been converted through my instrumentality.

It is no small honour to have been President during the reign of a homœopathic Lord Mayor of London, who is not ashamed of being known as a believer in homœopathy, and who has certainly thrown his great influence into the homœopathic scales in very large doses, for which we are all very proud and very thankful. These annual Congresses ought to do much to further the spread of homœopathy.

In the commercial world, business is pushed by commercial travellers, who do their best to further the sale of their goods by presenting a good article, as well as by a glib tongue. Two of these gentlemen were discussing the state of trade one day, after the day's work was over. One said he had nothing to complain of in his line, as he had recently received a testimonial. Taking a letter out of his pocket, he read, "Dear Sir,—I think it is only due to you to tell you the great benefit I have received from your *Electric Elixir*. I was born without hands or feet and, after taking six bottles, I now have all my limbs complete." The other traveller, fumbling in his pocket, said: "I received this letter to-day: 'Dear Sir,—I think it due to you and to suffering humanity that I should let you know what your *Electric Oils* have done for me. I have been suffering for years without either liver or lights, but since using four bottles of your *Electric Oils* I have now a splendid liver and two electric lights!' "

I thank you very heartily for the way in which you have received the toast.

All the toasts proposed during the evening were duly honoured with much enthusiasm.

An excellent musical entertainment was given between the toasts by Mr. and Mrs. Best, Miss Maud Hardy, and Mr. Nelson Jackson.



Notices, Reports, &c.

BRITISH HOMŒOPATHIC SOCIETY.

THE tenth meeting of the Session and the first meeting of the Annual Assembly was held at the London Homœopathic Hospital on Tuesday, June 29, at 8 p.m. Dr. Stonham, Vice-President, was in the chair.

The evening was a clinical one, but before proceeding to the examination of cases, the Clifton Memorial was unveiled by the Chairman. The Memorial consists of a photographic screen, which comprises a series of sliding frames, which hold the collection of photographs presented to the Society some years ago by Dr. Clifton. Many of the photographs have been renewed and large copies of those of Dr. Clifton and Dr. Quin, the founder of the Society, made. The Memorial excited great interest, calling to mind, as it does, so many of those familiar years ago, but now in many cases passed away.

Members then adjourned to the out-patient department, where the clinical cases were shown and examined.

CASE 1.—Exhibited by Dr. Margaret Tyler. An epileptic idiot, aged 23. Patient was bright and intelligent till 3½ years old, when she had a fall on the head, followed by some months of unconsciousness and blindness, and then by a skin eruption on the head. There was arrest of mental development, and fits supervened. The fits were of an epileptic character, were very violent, and worse at night, coming on mostly during sleep. They began in the toes and passed upwards, the eyes were turned to the right, and urine was passed in the fits, which were followed by sleep. Sometimes as many as twenty or thirty fits occurred in one night. Vaccinated once. On May 11 (seven weeks ago), she was given one dose of *cicuta* 200. She was worse the first fortnight after, but since then has improved greatly, the last fit being as long as three weeks ago. Two or three

festering places came out on the face, but have since disappeared. There is great mental improvement; instead of seldom speaking, and being unable to take any interest in her surroundings, she is now beginning to enter into conversation, and is bright and cheerful, though, of course, still childish.

CASE 2.—Adenoids in a congenital syphilitic, exhibited by Dr. Roberson Day. Ivy W., aged 6, came in May, 1908, with typical adenoid facies, mouth-breathing, deafness, offensive discharge from ears and nose, restlessness, and irritability. Under treatment with *calc. phos.* 12, *sulph.* 12, *merc. viv.* 2, *syphilinum* 30, *calc. c. C.M.*, *iodum* 3x, *merc. bin. c. kali. iod.* 3x, and suitable exercises the child has been completely cured.

CASE 3.—Sporadic cretinism, exhibited by Dr. J. Jones and Dr. Day. This case was a boy, aged 6, the third in the family; was born normally at full term; one other child died of tuberculous peritonitis. He was brought to Dr. Day on October 10, 1907, when his height was 30 in. and weight only 26½ lb. He could not walk alone, could only say a few words, and was imbecile, with the characteristic physiognomy, open mouth, protruding tongue, dribbling, very anæmic; skin dry, flesh flabby, fatty masses about the shoulders. He was given *thyroid extract*, first ½ gr., then 1 gr., and finally 1½ gr., three times a day. He grew 7½ in. in one year, and now goes to school and has the appearance of a normal child. Dr. Day showed photographs taken at different periods of the treatment, which recorded in a striking manner the improvement effected.

CASE 4.—Compound fracture of radius and ulna, exhibited by Mr. Knox Shaw. This was treated by wiring, with the result of good union of the radius and firm fibrous union of the ulna, giving a useful limb. Radiographs showed the position of the fractures and the wire *in situ*.

CASE 5.—Sarcoma of thigh, exhibited by Mr. Knox Shaw. This case had refused to be operated on, and was undergoing treatment by injections of Coley's fluid, which had now reached 5 minims every alternate day without setting up more than very slight reaction.

CASE 6.—Xeroderma pigmentosum, exhibited by Dr. Epps. H. E., female, aged 12, Dutch, only child, not vaccinated.

Father died of phthisis. Mother was vaccinated from a child, and when young was ill for two years. Patient had measles at 4 months and at 5 years; varicella; diphtheria. General health good; appetite good, especially for meat and fish; does not like vegetables; will take fruit. At six weeks had pink spots on the face, then a purplish stain all over, with feverishness lasting twenty-four hours; was given grey powders. At seven months was scaly all over; soon recovered; well until 2 years old, when a warty growth appeared on one cheek, which was removed. Afterwards stayed at Folkestone, where it was very sunny: child peeled and freckled. From this time the disease steadily progressed, until seen on February 26, 1909, when she presented the typical appearance of xeroderma pigmentosum. Patient has been under special treatment for nine years at a London hospital. Since February treatment has been *thuja* 30, in occasional doses, and *cinnamon* ϕ . Externally, fluid extract of *thuja* (Parke Davis) to the warty growth, and *lotio cupri. sulph.* 1 in 2,000 in drops for the conjunctivitis. The *thuja* had removed some of the warts, and effected improvement in the general skin condition.

CASE '7.—Sarcoma of jaw, exhibited by Mr. Hey. This was rapidly growing, extensive, and very soft. The superior maxilla was removed last September. A small piece of affected skin in the middle of the flap was the seat of recurrence after eight months. Is taking *symphytum* low.

CASE 8.—Irido-cyclitis, exhibited by Dr. Weir. This case had had recurrent attacks for many years, which usually lasted about two months, but the present attack was the most severe, and had lasted five months—much pain, deep ciliary injection, vision *nil*. After one dose of *phos.* 200 rapid relief of pain, subsidence of inflammation, and commencing return of sight.

CASE 9.—Case of rheumatoid arthritis, exhibited by Dr. Weir. The patient, female, had typical spindle-shaped knuckles, stiffness of fingers, wrist, elbows, and shoulders. Left arm rotated. Creaking and stiffness of jaws; could not feed or wash herself. Severe throbbing pain for eight months. Has had cataphoresis and *rhus* in low dilution. After one dose of *rhus tox.* 200, pain disappeared in ten hours; after three days, stiffness of arms greatly better, and could open mouth and feed herself.

CASE 10.—A spinal case, exhibited by Dr. Goldsbrough. This was a chronic case with an ataxic and slightly spastic gait; the pupils contracted to light feebly; the sphincter unaffected, except that he strains to urinate; tactile sensation of the thighs is impaired; no knee-jerks, no ankle clonus; very sensitive to cold, irritable, sensitive, and averse to company. The pain had been relieved and his walking force much improved by *sulph.* 1,000, unit dose.

CASE 11.—Scirrhus of right breast, exhibited by Dr. McCulloch. X-rays had been applied weekly for six months to the lymphatic glands in the axilla and thorax, with the result of arrest of the growth, and restoration to health.

CASE 12.—Multiple epitheliomata of the tongue, exhibited by Dr. McCulloch. The diagnosis confirmed by the microscope. Six months ago the articulation was so bad that the patient could not be understood; salivary flow and neuritic symptoms marked. X-rays applied to submaxillary, preauricular, and pharyngeal lymphatic glands every week. Arrest of all growth and restoration of function of tongue, and incidentally cure of deafness in right ear.

CASE 13.—Tertiary ulceration of vulva, exhibited by Dr. Neatby. The ulceration of the vulva began six years ago, and there had been ulceration of the left knee and skin for a longer period. Primary and secondary history could not be obtained. *Potass. iod.* gr. iii. *bis die*, was followed by spots on the face; gr. i. *bis die*, followed by rapid improvement without spots.

CASE 14.—Mediastinal tumour, exhibited by Dr. Moir. This was a case of tumour in the upper and left portion of the thorax, with enlargement of veins of chest-wall due to pressure on the venous trunks; there had been pain, paroxysms of dyspnoea, and headache with flushed face. Treatment had been by violet rays, and also by single doses of *lycopodium* 200, and *pulsatilla* 200. These medicines had ameliorated the symptoms greatly, and the area of dulness and distension of the veins has decreased.

CASE 15.—Pernicious anæmia, exhibited by Dr. Galley Blackley. This was a patient who is now recovering from his fourth attack of pernicious anæmia. *Liquor arsenicalis* is the only remedy that has ever been of benefit in the attacks. Arsenic in other forms, such as *natrum arseniatum* and *caco-*

dylate of soda, have proved useless. The four attacks had occurred between March, 1906, and the present time, and in the penultimate attack the red blood corpuscles had been reduced to so low a number as 675,000 to the cubic millimetre.

Besides the cases above mentioned a number of specimens were shown and also a selection of recent surgical and electrical instruments were exhibited by the Medical Supply Association and Messrs. Allen and Hanbury.

The Eleventh Meeting of the Session and the second of the Annual Assembly was held at the London Homœopathic Hospital on Wednesday, June 30, at 5 p.m.

Dr. Cash Reed, the President, was in the chair.

Dr. Husband, of Eastbourne, was unanimously elected a member of the Society.

The Secretary presented the Report of the Council and the Treasurer his Financial Report. The election of officers then took place with the following results. *President*.—Dr. McNish. *Vice-Presidents*.—Dr. Stonham and Dr. E. B. Roche. *Treasurer*.—Dr. Galley Blackley. *Council*.—Drs. Byres Moir, Knox Shaw, Burford, Johnstone, Wheeler, and Cooper.

The Chairman, Dr. Cash Reed, then made some farewell remarks, in which he referred to his address at the opening of the Session, to a proposed invitation to our German colleagues, to that day's ceremony in connection with laying the foundation stone of the new Tyler extension wing of the Hospital, and to the project of a club, the nucleus of which already exists in Chalmers House.

Dr. Roche proposed a vote of thanks to the President and commented on the ability with which he had filled the Presidential chair during his year of office. This was seconded by Drs. Blackley and Alexander and carried unanimously. Dr. Cash Reed made a brief reply.

At a council meeting held on July 6, Dr. Le Hunte Cooper was re-elected Secretary of the Materia Medica and Therapeutic Section, and Mr. Eadie of the Surgery and Gynæcology Section, whilst Dr. T. Miller Neatby was appointed Secretary to the Medicine and Pathology Section. Dr. Neatby was reappointed Hon. Secretary. Dr. Goldsbrough, Editor of the Journal, and Dr. Le Hunte Cooper, Librarian.

HONYMAN GILLESPIE LECTURESHIPS IN MEDICINE. SECOND YEAR, 1909-1910.

SYSTEMATIC TEACHING BY TWO COURSES OF LECTURES AND CLINICAL DEMONSTRATIONS.

Course 1.—Homœopathic *Materia Medica*, by Chas. E. Wheeler, M.D., B.S., B.Sc.Lond., Assistant Physician London Homœopathic Hospital; at Chalmers House, 43, Russell Square, W.C., Mondays and Thursdays at 5 p.m.

Mondays: October 18, 25; November 1, 8, 15, 22, 29; December 6, 13, 1909. January 24, 31; February 7, 14, 21, 28; March 7, 14, 21, 28, 1910. Thursdays: October 21; November 4, 18; December 2, 16, 1909. January 27; February 10, 24; March 10, 24, 1910.

Course 2.—Homœopathic Therapeutics (with Clinical Demonstrations), by Jas. Searson, M.D.Brux., Assistant Physician London Homœopathic Hospital, sometime British Homœopathic Association Travelling Scholar, U.S.A.; at the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, W.C., Tuesdays and Fridays at 5 p.m.

Tuesdays: October 19, 26; November 2, 9, 16, 23, 30; December 7, 14, 1909. January 25; February 1, 8, 15, 22; March 1, 8, 15, 22, 29, 1910. Fridays: October 29; November 12, 29; December 10, 1909. January 21; February 4, 18; March 4, 18, 25, 1910.

(1) *Synopsis of the Course on Materia Medica.*

The object of the course will be to set forth the principles of homœopathy in their relation to medicine in general; from the beginning there will be a constant attempt to lay stress on the practical application of theoretical points.

The life and work of Hahnemann, and the development of the main theses of homœopathy will be first considered, and the theses reviewed in the light of the experience of a century of practical effort to apply them, and of medical progress in other directions.

Following this introduction, which may be expected to cover six or seven lectures, the study of the *Materia Medica* will be commenced in detail. The drugs selected will be treated at length. Remedies whose application is compara-

tively easy will be considered first, and subsequently, by gradual steps, those of wider scope, the choice of which must depend on a variety of considerations. Every *Materia Medica* lecture will be constructed with a view to immediate application in practice of the principles it enunciates and the recommendations it contains.

(2) *Synopsis of the Course on Therapeutics.*

The aim in this course will be to demonstrate the results of homœopathic medication in practice.

The course will, therefore, be essentially clinical in character; the ample clinical resources of the hospital will be fully available for demonstration and teaching. The general purpose, from first to last, will be to make successful treatment the goal of the instruction, and to show cases illustrating that the methods of homœopathy are, in this respect, an advance on all others; the main interest of each case will be held to lie in the reasons for selecting a particular remedy for it, and to these most attention will be directed.

Newer methods of diagnosis and prognosis will also be discussed and demonstrated, and the cases shown will be classified as far as possible to illustrate the diseases of the main systems of the body. Every opportunity, moreover, will be utilized to show cases of the rarer diseases and those possessing any unusual features.

The lecturer will also hold himself free to discuss the treatment of familiar diseases (*e.g.*, the zymotic diseases), without actual demonstration of cases, for homœopathy is relatively easy to apply successfully in actual disease, but in the main the diseases treated of will be illustrated by actual examples.

The use of the "nosodes" will be demonstrated in such diseases as tubercle and syphilis.

The treatment of such a constitutional disorder as tubercle will be dealt with from all sides of its manifold points of attack—lungs, abdomen, glands, skin, &c.; especial stress will be laid on such treatment in children.

N.B.—A list of subjects and cases for the week will be placed on the notice boards of the Hospital and Chalmers House, and weekly intimations will also be sent by post, if

desired, to any who give their names and addresses for the purpose.

(3) *Introductory Address.*

An address, introductory to the lecture courses, will be delivered by Dr. George Burford, on "The Medicine of the Future; Coming Events that cast their Shadows before."

This address, open to all interested in the sessional work, will be given at Chalmers House, on the evening of Tuesday, October 12, at 8.30 p.m.

Fees: For the two courses, £5 5s.; for a single course, £3 3s. Members of the British Homœopathic Society are admitted without fee.

A second series of six professional scholarships in the Honyman Gillespie Courses in the homœopathic practice of medicine is offered by the British Homœopathic Association. The scholarships are of the value of £50 each, are tenable for a winter session, and are available for qualified medical men and women intending to settle in Great Britain.

For further particulars apply to the Dean, J. Roberson Day, M.D.Lond., 35, Queen Anne Street, Cavendish Square, W.

B.H.S. GOLF.

IN the semi-final for the Dudgeon Cup, W. C. Pritchard beat J. Powell at St. Leonards by 3 and 1; Byres Moir beat H. Mason at Walton Heath by 2 and 1.

H. W. T.

THE BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED).

SUBSCRIPTIONS and Donations received from July 15 to August 15, 1909:—

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KENLEY STREET DISPENSARY.

THE Honorary Secretary of the Ladies' Branch regrets to state that owing to the necessity of structural alterations to No. 20, she has been obliged to move the Dispensary to No. 19.

The landlords (the Council of the Royal Borough of Kensington), recognizing the inconvenience to which they have put the Dispensary Committee, have most generously undertaken all the expenses of the move, and have thoroughly decorated the new premises.

The permanent address of the Dispensary is now 19, Kenley Street. The hours : Monday, Tuesday and Friday, 8 to 9 p.m. ; Wednesday and Saturday, 3 to 4.

The numbers continue to increase satisfactorily. July : Patients, 56 ; attendances, 116.

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. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

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Communications received from Dr. GALLEY BLACKLEY (London), Dr. EDMUND CAPPER, Dr. STANLEY WILDE, Dr. MURRAY MOORE, Dr. BURFORD (London), Dr. H. WYNNE THOMAS, Dr. DYCE BROWN (London).

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMŒOPATHIC REVIEW.

OCTOBER, 1909.

Editorial Notes and News.

*. The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

E. V. MORICZ (*Pest. Med. Chir. Pres.*)
Poisoning by Ergot. describes fourteen cases of poisoning by ergot. All the patients were delirious. One, a girl aged 15, was admitted to hospital with tetanus-like contractions of the muscles of the limbs and back. After seventeen days she died. This was the only fatal case. In ten cases there were tonic contractions of the limbs, lasting three to five minutes, with intermissions of variable duration. In two patients the muscular contractions were of an epileptiform character. Of these, one was in a comatose state for several hours; the other was maniacal for six days. Ravenous hunger was a symptom common to all. A transitory, presumably central, interference with the senses of sight and hearing was observed in one case. The worst cases were under the ages of 20. There was gangrene in one case, a lad aged 16. When admitted he was delirious, his legs were adducted and drawn up, his back was arched, and his arms were crossed over his abdomen with fingers clenched in a way suggestive of tetany. His head was turned to one side, and moved backwards and forwards in a pendulum-like manner. The pupils were dilated, and there was reaction to light, but not to accommodation. He called repeatedly for food and opened his mouth in a bird-like fashion. The skin

of the throat was atrophic and desquamating, and in places there were abrasions. There were small, insensitive, partly wet, partly dry, bed-sores over the sacrum, trochanters, and ischial tuberosities. Sharply defined gangrenous patches of the skin of the size of a farthing were uniformly distributed on the palmar surface of the fingers near the nails. There were similar patches on the toes and both sides of the ankles. The patellar reflex was almost absent. The skin and other reflexes were also difficult to obtain.

The two main features of poisoning by ergot—convulsions and gangrene—correspond to the component parts of this drug. Of these, *cornutin* induces convulsions, whereas *sphazelin acid* and *ergotin acid* (ergotoxin) act on the central nervous system, notably the trophic centres, causing gangrene.

* * * *

Fatal Poisoning by Bismuth Subnitrate. A PATIENT (*Berlin klin. Woch.*) at 5 p.m., received an injection into the rectum of four tablespoonfuls of *bismuth subnitrate* in two spoonfuls of water, for the purpose of radiographic examination. Immediately after the examination, which lasted only a few minutes, the injection was evacuated along with a spontaneous movement of the bowels, and the bowel was afterwards washed out.

During the night the patient was restless, and at half-past four o'clock in the morning the nurse noticed a peculiar greyish-green colour of the skin and deep cyanosis of the mucous membrane. There was a rigor, temperature 40° C., and the breathing was sterterous. At half-past five o'clock venesection was performed, and the blood was noticed to be of a chocolate colour, evidently due to the presence of methæmoglobin. Death occurred at half-past twelve on the same day. On examining the blood in the afternoon the brown colour had disappeared, and at the *post-mortem* examination, two days after death, no methæmoglobin could be detected. From experiments, it appears that methæmoglobin tends to disappear quickly after death.

* * * *

Tabes Dorsalis. ATTENTION has recently been called by Carter Rowley to an early sign of tabes dorsalis first described by Abadie in 1905, which consists in analgesia of the tendons,

and of the tendo Achillis in particular, to pressure. The author finds that absence of sensibility in the tendo Achillis is found in two-thirds of all cases, a proportion which is similar to that of the loss of the knee and Achillis jerks, and the presence of Argyll-Robertson pupils. This early sign of Abadie's should therefore be looked for as carefully as the other signs, such as loss of knee and Achillis jerks, Argyll-Robertson pupils, and lightning pains.

* * * *

Parotitis.

WHY is this affection specially common in patients suffering from gastric ulcer? It has been supposed that hæmatemesis disposes to parotitis owing to post-hæmorrhagic leucocytosis, and consequent thrombosis. But parotitis frequently occurs in cases that have not suffered from hæmatemesis. By some the dry condition of the mouth is thought to be the principal cause of parotitis. But this will not explain the incidence of parotitis after certain laparotomies, *e.g.*, ovariectomy and other pelvic operations.

* * * *

Disinfection of Rooms.

SHOULD experience prove that it is as efficacious as it is said to be, the formaldehyde sheet method of disinfecting rooms should prove a boon both to medical men and to patients, because it is so simple. It appears that many reputed formalin methods fail because the formaldehyde becomes polymerized as it is given off. This polymerization is largely prevented, however, when phenol vapour is mixed with that of formalin. The following mixture is easily made: Formaldehyde solution (40 per cent.), three parts; phenol, one part. Of this mixture about 8 oz. suffice for every 1,000 cubic feet of room volume. A sheet is moistened with the disinfectant and hung up in the room. An ordinary sheet will take about 4 oz. of the liquid, so that several will doubtless be required. The room is then left closed for at least two hours.

* * * *

Gastric Carcinoma.

METASTASES in gastric carcinoma, as is well known, occur not rarely in situations where they may easily be missed unless systematically searched for, as, for example,

in the *supra-clavicular glands*. A new site for early secondary deposits in the subjects of this disease is described in the *Albany Medical Annals* by Dr. Blumer, under the name of the rectal shelf. This is the *vesico-rectal fold*, wherein a metastatic growth can fairly often be found beyond the prostate in a certain proportion of cases, even when the primary disease is fairly early. The mass is described as feeling *like a shelf* projecting into the rectal cavity, carrying the rectal wall before it; the tumour is often of cartilaginous hardness, may or may not encircle the bowel as a primary rectal carcinoma does, but does not ulcerate the mucosa, and, therefore, does not cause the passage of blood or pus. Sometimes the mass is a little higher up, well beyond the prostate, and only just palpable by the examining finger. In dealing with gastric carcinoma the existence of metastases is a point which very materially affects the operative procedures and even the diagnosis itself; and if these observations are confirmed it will evidently become the duty of surgeons to examine the rectum as a routine before exploring the abdomen in a suspected case of gastric carcinoma.

* * *

**Sorrel
Poisoning.**

* * *

PROFESSOR CARRIERE (*Four. de Medicine et de Chirurgie Prat.*) gives the case of a girl, aged 6, who suffered from difficulty in passing urine for three or four days, having to strain twenty to twenty-five minutes before she could empty the bladder. Analysis of the urine showed it was four times the normal acidity, and this excess was due solely to the presence of oxalic acid in the form of calcium oxalate. The patient had eaten a considerable quantity of the leaves of sorrel. From the same cause a boy, aged 5, had retention of urine for thirty-two hours, requiring the use of the catheter. There was nothing in the local condition or the state of the nervous system to explain the symptoms.

* * *

**Bryonia and
Rhus in
Alternation.**

* * *

GIVING *bryonia* and *rhus* in alternation is so diametrically opposed to the principles and practice of most homœopaths, that a letter in favour of the method, and three striking cases in confirmation of its value, appearing in the *Hahneman-*

nian Monthly, are worthy of notice. It is said that the early homœopaths habitually alternated their remedies in the treatment of typhoid, and that the journals of those days contained many brilliant cures effected by this treatment. Doubtless the discovery of *baptisia* and its striking homœopathicity to the symptoms of enteric fever caused the former method to sink into oblivion. However, it is in rheumatism that we are now advised to alternate these drugs—when, we suppose, the symptoms correspond to both! Dr. Vandenburg writes of three cases under his care during last winter, in each of which he gave *rhhus* and *bryonia* singly and without effect, but immediately on giving them in alternation a rapid cure ensued. One was a case of rheumatic swelling around the knee-joint, not inter-articular; another was of muscular rheumatism of the neck and shoulders on either side; and the third also had severe pain in the muscles of the neck on both sides, resulting from exposure to a cold wind. If any of our readers have tried these remedies in alternation, with similar results, we should be interested to hear their experiences.

* * * *

“HAVE you ever come across one of these homœopathic physicians who boasts **The True Hahnemannian.** that he is a true Hahnemannian, that he gives his patients nothing but the single remedy in high potency, who sneers at local treatments, and palliatives, at vaccination, at antitoxin, at antiseptis, almost; who, in short, will have nothing to do with anything more modern than Hahnemann himself? If you have, let me warn you not to accept such a man at his own valuation. He *says* he is a Hahnemannian, you tell him he is not! Such a man represents the class of men against whom Hahnemann fought all his life. Such men made up the medical profession of Hahnemann's day—men who would have nothing to do with the laboratory-working, investigating, experimenting Hahnemann. Hahnemann was almost the first to honestly seek for medical truth by scientific experiment. The men of his time, like the self-styled Hahnemannians of to-day, were content to rely upon text-books written a hundred years before, they would have nothing to do with Hahnemann, because he, taking what was good from these books, insisted upon a utilization of later

gained knowledge, and the raising of therapeutics, by laboratory work, from chaotic art to a science.

"It is not, then, the man who follows, to the letter, Hahnemann's writings who is a true Hahnemannian, it is the man who, acknowledging Hahnemann's greatness and the truth of his therapeutic law, goes on studying and investigating, adding to his knowledge and discovering new ways and better ways for the alleviation and cure of illness and pain. If Hahnemann were alive to-day, do you suppose that he would be thumbing over his books of a hundred years ago? The great principle of cure he discovered then, he would be working, with all his wonderful mind, to perfect and develop. He would be living in the laboratories, a laboratory worker, a research student, revelling in the advantages supplied by the new physiologic chemistry and by the microscope."—Dr. PLATT in the *Hahnemannian Monthly*.

* * * *

**"The Strongest
Homœopathic
City in the
World."**

THE homœopaths of Western New York recently held a "combination meeting" in the beautiful city of Rochester, New York. The meeting proved a great success, and a reunion of homœopathic strength for the great State of the eastern seaboard, resembling—in many respects—our recent Congress in London. The special occasion was a celebration of the one hundred and fifty-fourth anniversary of Hahnemann's birthday. The meeting was held to meet Dr. R. S. Copeland, the new Dean of the New York Homœopathic Medical College, who seems to have been winning golden opinions by his tact and good management of the affairs and interests of this important college, and also to listen to his oration on "The Scientific Reasonableness of Homœopathy." Eight papers were also contributed by other physicians of eminence, each of which seems to have attained a high standard of excellence. Some two hundred physicians attended, and the proceedings closed by a banquet on the concluding evening. Incidentally we may notice the importance of Rochester as a homœopathic centre, and the flourishing condition of our science in its midst. Rochester boasts of being the strongest homœopathic city in the world. Its population is 200,000. There are about seventy-five homœopaths

practising in its precincts. It has three homœopathic hospitals, numbering together 300 beds. Best of all, perhaps, the homœopaths all pull together, the "Hahnemannians" and the "liberals" have buried the hatchet, and harmony and good-fellowship are said to prevail on every side. Our congratulations to Rochester, N.Y.! Long may our brethren there flourish and dwell together in unity!

* * * *

**Harmony and
the Dosage
Question.**

WE may congratulate ourselves on a similar condition of harmony in our own Metropolis. Time was—not more than a dozen years ago—when the mention of a thousandth, or even of a thirtieth, dilution was rarely made within the sacred precincts of the London Homœopathic Hospital. Even at a meeting of the British Homœopathic Society anything beyond the thirtieth was referred to at the risk of a few superior smiles of incredulity. To-day all this is changed. The lions of the material doses lie down happily with the lambs of infinitesimals, neither enveloping the other. Nobody sniggles when marked relief or even cure is ascribed to a unit dose of a cm. The staff of the London Homœopathic Hospital embraces men of all shades of opinion as to dosage, and we rejoice to know it. All ought to be represented. Homœopathy is not a law of dosage, but a law of drug selection. But further than this, and a still more important point for congratulation, is that men are now far less narrow-minded as to the omnipotence of their own pet range of doses. We think those that have advanced furthest in their knowledge and experience of drug action employ the widest range of dosage in daily use. They are able to select the most suitable dose for every condition, and whilst sometimes descending to mother tinctures, they are also not afraid to go up higher into the fluxion potencies, with unit doses at long intervals, in cases which, in their opinion, call for such. The report of the clinical evening arranged by the British Homœopathic Society on June 29 last, reported in our September number, gave striking confirmation of these important facts, all of which tend to the advancement not only of homœopathy but of medical science

as a whole, to say nothing of harmony and mutual consideration amongst ourselves.

**Overcrowding
of the
Profession.**

As the time for reassembling the medical schools comes round each October, the *British Medical Journal* issues its customary warning against the overcrowding of the profession. This year more notice than usual has been taken of our contemporary's lucubrations, and extracts have been reprinted in the daily papers. Undoubtedly, good cause exists why parents and guardians should hesitate before entering young men as students. It becomes increasingly difficult for junior professional men to start in practice, and make sufficient incomes to maintain themselves in the position of gentlemen. Indeed, the general practitioner may presently find himself squeezed out between the surgeons and specialists on one side, and the salaried medical officers of the great provident societies, with clubs and hospitals, on the other. For a man with no capital to buy a practice, and no private means to maintain himself whilst he makes one, the outlook is certainly discouraging. Undoubtedly, the demand for ordinary medical attention is diminishing per thousand of the population. Improved sanitation, better diet, especially the increased consumption of fruit, more fresh air and open windows, with the marked diminution in the death-rate from zymotic diseases, have all contributed to this effect.

**Fewer Doctors
Needed.** BUT there is a potent cause for the lessened demand for general practitioners, which has been brought about entirely by the wilful disregard of homœopathy by the profession, and which has brought its own penalty in fewer calls and fewer patients. This is first a result of the prevalent scepticism as to the value of drugs—a doctrine which, springing from ignorance of their true action, has spread from physician to clients, and is now generally responsible for the belief that, in most cases, hygiene and nursing is all sufficient for cure. Secondly, the same ignorance as to what can be effected by remedies scientifically prescribed in accordance with Nature's law of cure, which dominates the bulk of the

profession, has resulted in the enormous spread of surgical operations for many minor maladies, which belong of right to the physician. Here, again, the average practitioner has lost hold of numbers of possible patients, who, having readily gauged his incompetence to relieve their maladies by drugs, taught as they have been that there is no other method, turn to the surgeon, supposing—as they are told—that no medicinal means are of use. No man can wilfully shut his eyes to the truth without suffering sooner or later for his blindness, and entailing loss upon those who look to him for guidance. So it is with the medical profession. Ignoring homœopathy, they turn over many patients needlessly to the surgeon, losing their own supporters, and bringing to them the suffering of unnecessary operations.

* * * *

**Operations
and Nursing
Homes.**

THIS loss to the general practitioner has through his own fault resulted in enormous gain to the operating surgeons, the proprietors of nursing homes and their nursing staffs. These all flourish, whilst the *British Medical Journal* laments the diminution in calls for the general practitioner. The great increase in the number of operations undergone by the public is now a matter of common parlance. The large fees and big incomes made by operating surgeons, many of whom run their own nursing homes, and the large and luxuriously equipped surgical homes, continually filled with patients, many of whom are operated upon for maladies which, if properly treated, need never have left the physician's care, are eloquent of the prosperity of the surgeon and his allies, and of the hard times that have fallen upon the ordinary practitioner. The public, so far, have meekly acquiesced in this arrangement—although we see signs of a revolt in some quarters. When told they “must have an operation,” they believe that no other method of cure exists, and blindly following their blind leaders, submit to surgical processes which frequently do not cure, often impose needless suffering, and sometimes sacrifice precious lives. Far be it from us to cavil at the genuine triumphs of modern surgery, the brilliant results of operations which save and prolong lives; we inveigh only against the system of extorting large fees for

operations in cases which can be cured by suitable medicinal means. The surgeons of our own school are, happily, free from any such imputations. They are homœopaths first and surgeons after. No patients need fear operation at their hands unless medicinal and other treatments, administered with the highest skill, and with a fulness of knowledge to which ordinary physicians close their eyes, have proved unavailing.

* * * *

**A Revolt
against
Operations.**

WE believe that a great opportunity will shortly be given to homœopathy in this country, and we wonder whether homœopaths will be ready to take the tide at the flood. There can be no doubt that already patients are beginning to rebel against the craze for operations. Many people have in their family circles, or amongst friends, examples of those whose physique has been wrecked by surgical interference. These cases are noted and commented on. Two men were overheard, in a London club, the other day, discussing the question to this effect—"This craze for operating is all a fraud, half the cases don't need operations at all. But what can you expect? The surgeon gets a hundred guineas, the nursing home people get big fees, the nurses and staff are kept humming, and the swindle pays all round. Small wonder these surgeons advise operation for everything, it's a paying game, and for the wretched patient most of all, he pays the lot and perhaps gets killed into the bargain." Evidently this vicious circle is being exposed, and the man in the street will presently be refusing his ready consent to being operated upon. To whom then will he turn? Quacks and patent medicines have had their day. Shall homœopaths come into their own? It ought to be so. If the power of remedies to cure, as used by us, were more widely known it would be so. But how is this to be made known outside our immediate circle, and in towns where no homœopath exists? That is the question which we look to the British Homœopathic Association to answer. The propaganda of homœopathy becomes an increasing necessity. No longer can we afford to hide our light under the bushel of medical or professional etiquette. If we do so, the public will not turn to

us, but to Christian Science, Faith-healing, Mesmerism, and other quasi-religious delusions which germinate so freely in American soil.

* * * *

Skotography. SKOTOGRAPHY is the power that certain substances, especially radio-active substances, have of influencing a photographic plate in the dark when placed in contact with it or very close to it. This power is possessed by various animal tissues. For instance, if a human liver is minced, dried in a hot-air oven at 100° to 110° C., reduced to powder, and some this powder placed on a photographic film in the dark and left there for some considerable time, it will be found on developing the plate that the former situation of the powder is indicated by a punctate deposition of silver. A pure cholesterine gall-stone will show an intense deposition of silver, larger than corresponds to the area of contact of the stone with the plate. Some varieties of micro-organisms also possess skotographic power, notably the *Staphylococcus pyogenes aureus*, *S. pyogenes albus*, *Bacillus tuberculosis*, *B. tuberculosis bovinus*, *B. diphtheriæ*. Other micro-organisms, such as the *B. coli*, have not this property. These facts are brought to light by experiments made by Dr. Lazarus-Barlow into radio-activity in its relation to carcinoma, which formed the subject-matter of the Croonian lectures delivered by him this year.

* * * *

Its Bearing on Cancer. DR. LAZARUS-BARLOW, recognizing the influence which X-rays and radio-active substances may have in the production of cancer, seeks to connect the skotographic power of the tissues with the property of radio-activity. He thinks carcinoma may be due to the presence in the body of a radio-active material. By subjecting the ova of *Ascaris megalocephala*, an intestinal entozoon of the horse, to the influence of X-rays for variable periods, he found that short periods of exposure accelerated, while longer periods retarded, cell division, and that exposure to X-rays in large doses leads to the formation of monstrosities and abortive embryos. The supposed radio-active material if present in excess in any

tissue might similarly start an abnormal cell proliferation resulting in a carcinomatous growth.

The skotographic substance in the tissues has not been isolated, but it is evidently a property of certain organic substances that are probably derived from protein. The experiments showed that certain tissues of the human body show skotographic action, *e.g.*, the liver and kidney, while others, such as the spleen and lung, do not; that the tissues of females possess it in larger quantities than those of males, that the amount in the liver increases as age advances, that carcinomatous tissue possesses skotographic power, and that female carcinomatous tissue has a higher degree of it than male. Dr. Lazarus-Barlow was unable definitely to relate skotographic power with radio-activity, but he found many circumstances that strongly suggested it, especially the fact that exposure of the ova of *A. megaloccephala* to extracts of tissues having skotographic power is accompanied by the same results on their development as follows exposure of the ova to the action of X-rays and radio-active substances in general; and the fact that the degree of the skotographic power of the liver in the two sexes and at different age periods affords a pair of curves agreeing absolutely in these points with the curves of cancer liability.

* * * *

Mercury in Influenza.

OF late it has become a somewhat fashionable treatment for syphilis in France to inject insoluble preparations of mercury usually in the form of "grey oil." "Grey oil" according to the French Official Pharmacopœia is made according to the following formula: Purified mercury, 40 grammes; anhydrous lanoline, pure and sterilized, 26 grammes; medicinal oil of vaseline, sterilized, 60 c.c. This is put up in small glass-stoppered bottles of 1 c.c. containing 40 centigrammes of mercury, and from 7 to 14 centigrammes of mercury are injected once a week or so into the muscular tissue of some part of the body, preferably into the buttocks. Several fatal cases of gangrenous stomatitis have occurred from this treatment, and not infrequently attacks of mercurial fever which, from its resemblance to the symptoms of influenza has been called mercurial grippe, viz., general malaise, slight

febrile manifestations, pains in the limbs and joints, loss of appetite, headache, &c. We sometimes use *mercurius* for influenza, but not so frequently as some other medicines, such as *arsenicum*, *baptisia*, and *gelsemium*. It would be indicated where there is inflammation of the mouth and throat, profuse perspiration, and aggravation of symptoms, especially of the headache, at night.

* * * *

**Cancer
Individuality.**

IN the Seventh Annual Report of the Imperial Cancer Research Fund the General Superintendent, Dr. Bashford, gives several interesting facts with regard to cancer that have been brought to light by experimental research. Amongst these is the great individuality that cancers possess, so that it cannot be said that any one tumour is an exact duplicate of another. Tumours histologically alike may differ widely biologically. From the epithelial cells of one and the same organ a number of distinct kinds of malignant new growths may arise and maintain their individuality. He considers that "in the large variety of malignant new growths of one tissue able to maintain their individuality under the uniform conditions of experimental propagation, an explanation is afforded of the contradictory behaviour long observed by the surgeon and the pathologist in malignant new growths which were apparently identical. Explanations were sought in the differing constitutional conditions of the patients, but experiment has demonstrated that to a large extent the explanation is to be sought in the growths themselves. A much greater number of varieties of malignant new growths exists than was formerly supposed." This discovery, that cancers although possessing the same histological structure yet differ immensely in their life-history and in their degree of malignancy, and that this difference is to be ascribed not to the constitution of the patient but to inherent variation in the character of the growth itself, is of great importance with regard to finding a remedy. It makes it improbable that there can be any universally acting remedy applicable to all cancers, and indicates rather that there needs to be individualization of the remedy for growths presenting so much individuality in their character.

Original Articles.

THE DIET FACTOR IN DISEASE.

By GEORGE BLACK, M.B. EDIN.

(Continued from p. 420.)

THIS case was one of appendicitis complicated with peritonitis. During the course of her illness she became extremely prostrate; an aphthous affection manifested itself and exhausting colliquative diarrhoea. She also suffered from spasm of the glottis and from enuresis. As far as the age of the patient was concerned it was the oldest case of this disease I have met with in my practice. The conditions were extremely unfavourable for recovery, and neither she herself, the friends about her, nor any who saw her expected that she would rally. Her own mental state was against her. She had no desire to live, indeed, she wished to die; and one night she told me as I stood by her bedside what she wished put upon the headstone after she was gone.

The temper of those about was at times unsatisfactory, and once or twice I had to speak, with more peremptoriness than I care to do or am in the habit of doing, in order to make them understand and carry out my wishes. To have a nurse who fails to co-operate with you or, in doing your bidding, has herself to be watched, does not add to your mental comfort or contribute to the successful issue of your work. However, and notwithstanding all with which I had to contend, through much conflict and mental preturbation, by the blessing of God my patient recovered.

The case is one that well illustrates the *nil desperandum* attitude that we should assume even in the most desperate and the most unlikely cases. Nature has far more resources within herself than we are aware of, and the human body is so wonderful a piece of mechanism that if obstacles are removed from the path and the most gentle means employed, it is astonishing how it will adjust itself and get things into smooth working order again.

My advice to my brethren is, "Never despair." Believe all things in the way of restoration to be possible till faced by the

inevitable. Have a great hope in your own heart, and you will create an atmosphere of hope about you that will go far towards overcoming the morbid processes with which you have to deal; and never forget that Nature is with you, or God. The Psalmist says, "He healeth all our diseases," and it is true; for whether you speak of natural processes, of laws that govern the onset and progress of disease, of atmospheric conditions and agencies of macroscopic or microscopic quantity, of powers so infinitesimal and subtle, but endowed with such tremendous possibilities and capable of manifesting themselves in so many and such various ways that the mind is bewildered by the mere attempt at realization—in whatever way you look at it, whether as force, or power, or supreme intelligence, or from the anthropomorphic point of view, it comes to the same thing in the end; for in our whole atmosphere and environment, in the feeblest pulsations and the most tremendous cataclysms, in those things that are essential to our health but whose presence we cannot see, in the growth and development of all individual life, in the ever-changing phenomena of our own existence and of all that lives and moves and has being upon this planet, in all the perturbations occurring within ourselves that we designate disease, and the harmonies we speak of as health—wherever we look, above, beneath, within, around, we are still in the same inscrutable Presence, the divine Power that is the soul and centre of all.

This case supplies me with the opportunity of recommending to those who may read this article bilberry juice as a valuable adjunct in the treatment of diarrhoea. Many people are under the impression that all fruits are laxative, but it is not so. Some at anyrate, such as bilberries and blackberries, are astringent in their action, and can generally be given in the form of juice, if not in actual substance, with great advantage in cases of diarrhoea.

I have mentioned the dietary of this patient, and for convenience sake I may say here that it consisted of various fruit-juices—grape, orange, pine-apple, fig, apple, bilberry, plum and lime—with peaches, pears, apple-pulp and grapes, and such cereals as oats in the form of groats, barley as barley water, maize-meal, banana food (bananine, a mixture of

banana flour with whole-meal), ground rice, cornflour and macaroni, and vegetable soups; and this diet I can confidently recommend to anyone who may be called upon to treat a similar case; and I shall be surprised if after giving it a fair trial he is not satisfied or more than satisfied with the result.

VII.

I need only refer to this case, as it has been already published in the *Monthly Homœopathic Review* for June, 1895. It is interesting because it occurred in my next oldest patient, a man aged 77.

The day before I saw him he was feeling better than usual, and about seven in the evening ate a mince-pie, which his daughter sent him, and drank a cup of tea with it. At about eight he went to bed, and was just getting off to sleep towards nine, when he was roused up by a severe paroxysm of pain, which seized him in the right iliac region, and which has continued ever since, at times diminishing, at times increasing, in severity, but never leaving him. During these paroxysms the legs are drawn up and his face is expressive of much suffering. He has vomited several times. The pain was cutting and sticking in character, and at the seat of pain there was tenderness and dulness on percussion. The temperature was never higher than 100.8° F., nor the pulse than 88. The latter was very intermittent. The day after I first saw him I note, "He points as the seat of pain to a spot about 2 in. to the right of the umbilicus, and from $2\frac{1}{2}$ in. to 3 in. down. Here there is a swelling; dulness begins about the level of the umbilicus, and becomes absolute at the spot indicated.

This patient was treated by warm stupes or other hot applications, and was given *bry.* ϕ and 30, and later on *trifolium pratense* ϕ . The bowels did not act in this case for fifteen days, but with the subsidence of the inflammation the swelling in the right iliac region gradually passed away, and with it the tenderness; and by allowing Nature time to restore the balance and set things in motion again, all went well, and my patient made a good recovery.

It was in 1894 that I attended this case, and I see that for food he was given milk and water, cocoa, beef-tea, mutton broth, and gruel, strained. He was also given an egg beaten

up in milk, Valentine's meat juice, and jelly of some sort, and his wife on one occasion gave him some raspberry jam two or three times after Valentine's meat juice to take the taste away.

Notwithstanding what appears to me to-day a very faulty dietary this patient recovered.

VIII.

This was the case of a lady, aged about 30, who had the usual symptoms of pain, tenderness and swelling in the right iliac region, whose temperature rose to 102.8° F. The onset of the disease was with a sense of chilliness and a feeling of general malaise, succeeded by what she described as stomach-ache, which at first was diffused, but afterwards became fixed in the right iliac region. *Bell.* and *bry.* were the principal medicines given in this case, and the food consisted of fruit juices, fruit, cereal gruels, vegetable soups and caramel cereal. She made an excellent recovery.

IX.

R. P., aged 9, fair, with blue eyes and small of stature, was brought to me on December 27, 1905.

About four months ago he complained of pain in the right side accompanied by sickness. His mother thought it might be a bad bilious attack, as he suffers from his liver, but the vomiting went on. He got rid of a quantity of bile, but the pain increased until he was in dreadful agony. This lasted twenty-four hours. They were then living in Birmingham, and the doctor who was in attendance said he would like to have a second opinion, and a well-known consultant was called in. According to the mother's statement the consultant said an operation must be performed at once, otherwise he would die within twenty-four hours in fearful agony. "He came in the morning and it was performed at 8 p.m. It was successful as far as the operation was concerned, but unfortunately they couldn't remove the appendix, as he would have died under the operation, but it had come away in another form, had sloughed away, and there was no chance of its return."

According to what the mother told me, the day he was

taken ill he was given a green apple which he ate greedily, but they had returned a short time before from South Africa and she thinks he got a lot of things to eat on board ship which he should not have had. He was given money and bought things, but she did not know what he got. She said : " When he landed he looked bad ; his skin was a bad colour ; he stooped a great deal and was quite round-shouldered. It was four days after he landed that his illness began. The children on board the steamer dined alone, and they were given various kinds of meats, and he ate a lot of nuts, which I don't think he masticated, and fruits of different kinds. He has always suffered from constipation and I have had to give him an aperient every now and then. He looked yellow, very bilious, and the passengers asked if he always looked that colour. He wasn't in his usual spirits." She says : " They found on operating that there were three deeply seated abscesses."

It is upwards of four months since the operation was performed and pus has been oozing from the wound ever since. The doctor told her it might be the result of the stump of the appendix having been left. " A lot of pus came away which was sometimes offensive ; then the doctor said there must be something that caused him to stoop so, and he injected something that caused a profuse discharge."

Up to the time of my seeing this little fellow his mother had been told that she was on no account to allow this wound to close, so that every day, to his torture, she had passed first a bodkin and then the gum elastic catheter that acts as a probe.

I passed a probe which went $1\frac{1}{2}$ in. down into a sinus, but the attempt to pass the catheter caused him so much pain and suffering that he became faint, and said he felt sick. He seemed as if he would go off, but a few sips of cold water put him right ; but I told his mother that in my opinion a great deal more harm than good was being done by the constant poking and meddling that had been going on, and I should be no party to its continuance.

I gave him such remedies as appeared to me to be indicated, when she had received permission from her doctor at home to leave off the probing of the wound, and in a short time it was healed.

This is the diet, as I am informed, that was given him : During the first month, champagne and Wincarnis and soda water, grapes skinned and stoned, pears and baked apples. The baked apples he would not touch. He had Valentine's meat juice, invalid bovril, soup made of mutton and beef, and a knuckle of veal and chicken stewed to a jelly. He took a quantity of milk boiled and cooled ; he would not take gruels, and the oatmeal jelly that was ordered him made him, he said, sick. The first time he was given minced mutton, a month after the operation, a rash like scarlet fever came out all over the body. The doctors were for a time uncertain what it might be, but came to the conclusion that it was caused by the mutton. Previously to that he had been given eggs and chicken.

His present diet is as follows :—

Breakfast.—A little Quaker Oat porridge three or four times a week with sugar but without milk, a poached egg, white bread and butter, jam of some kind. Sometimes a little bacon fat and a cup of cocoa made with milk. At 11 o'clock Welch's grape juice.

Dinner.—Chicken and pigeon, boiled rabbit. Does not care for milk puddings. Sometimes a grated apple with Devonshire cream. He also will take a little cauliflower and cabbage.

Tea.—Milk and cream. Previously, weak tea, bread and butter and jam.

Supper.—Milk and granose flakes. Sometimes ox-tail soup with plenty of vegetables.

The diet prescribed immediately after the operation and since appears to me one that was well calculated to keep up the very conditions that one would have supposed the medical attendant wished to obviate.

There was far too much proteid matter in this child's diet to effect any beneficial purpose apart altogether from the toxic character of the foodstuffs themselves. The xanthins and other extractive matters contained in those flesh meat preparations were calculated to load the blood with impurities, to unnaturally stimulate the heart, intensify the circulation, keep up inflammatory states and suppurative processes, and exhaust nervous energy.

If flesh meat, eggs, and such foods as this patient was, to a considerable extent, fed upon after his operation and since, be the principal uric acid producing foods, and if, according to Haig, this substance makes the blood collæmic or viscous, whereby it becomes difficult for the heart to pump it through the capillaries, with the result that the blood-pressure increases, one can easily see that the conditions present here were such as were by no means calculated to hasten recovery, to lessen or prevent suppuration, and keep the blood, as far as this was possible, free from influences whose tendency was inflammatory and whose presence was poisonous.

"Flesh meats in themselves contain 'fatigue poisons' of various kinds which naturally aggravate the action of the fatigue poisons produced in the body."

It has been pointed out by Professor Chittenden in his "Physiological Economy of Nutrition" that proteid in the course of its metabolism produces crystalline waste products of which uric acid is one, and that these in some manner produce fatigue; and if it be a fact, as Professor Irving Fisher, of Yale, has stated, that a low proteid, non-flesh or nearly non-flesh dietary is conducive to endurance, it appears to me reasonable to suppose that in conditions such as are present in appendicitis, and where operative interference has been resorted to, a diet from which flesh meats and flesh-meat preparations are excluded will both lessen danger, prevent complications, and expedite recovery.

According to the same authority from whom I last quoted, "the tendency of such investigations as those of Chittenden, Mendel, Folin, Metchnikoff, Caspari, Le Fevre, Favel, and others, have a distinct trend towards a fleshless dietary," and my own observation and comparison of the past with the present, not in this disease alone but in all diseases, is to impress upon my brethren the advantage that is to be gained from the administration of a diet from which all flesh meats, flesh-meat products, and eggs, perhaps also of such substances as milk, butter, and cream, are excluded. When the benign health-giving influences of fruit juices and fruits come to be better understood and the nitrogenous bogey ceases to terrify us, we shall attain to better results in our practice and be thankful that we have learned the simpler and the better way.

It was not surprising to me, considering what had occurred and the way in which this boy was being dieted, that on his return home another operation was decided upon and has since been performed.

What took place in this case was a typical example of the result of operative interference during the fulminating period of the disease and which Mr. Stanmore Bishop spoke so warningly against. From what I have heard I think a fæcal fistula had formed and that it was on this account that the second operation was performed. What the future of this patient may be I cannot tell. His appendix is gone, so that whatever he eats can no longer affect this structure, but unless he is living now differently from what he was at the time that he was seen by me I fear there will be trouble in store for him in some other part of his body.

X.

I was consulted on March 16, 1904, by Mr. V., aged 41, tall (6 ft. 2 in. in height), weight 12 st. 6 lb., who gave me the following history : "About eighteen months ago I had pain in the right side, at first it was all round, not more one side than the other ; it was a griping pain, it was continuous and lasted five or six hours. It was accompanied by tenderness about the region of the navel. I was not sick the first time." He was very busy at the time and attributed the attack to eating his meals very quickly and going out directly after. After this he was seven months free, then he had another attack, exactly the same as the first, which lasted four hours. Seven weeks ago he had the last attack, then the pain was more on the right side. He was dressing when he was seized with griping pain in the right side, very severe. The pain continued ; it was constant until 4 p.m. when the doctor was sent for ; it was very tender. The doctor gave him a draught containing some preparation of opium, but this did not relieve ; he was now sick, and vomited. The doctor ordered castor oil, which he took between 8.30 and 9 on Sunday night. The bowels acted at 5 a.m., and up to 4 a.m. he was in pain. After the bowels acted the pain gradually subsided. There was great tenderness but no swelling. On examination I found nothing abnormal. His doctor had told him he was

suffering from recurrent appendicitis and had advised an operation, and the object of his visit was to get my opinion on the matter.

His present mode of living is as follows :—

Breakfast at 8 or 8.30.—Fish or rasher of bacon and an egg, tea as a rule, coffee sometimes. Generally a little porridge made from rolled oats which he eats with milk and salt. He is very fond of salt and will take a good saltspoonful at a time; he does not like sugar. He generally takes white bread and butter.

Dinner, 1 o'clock.—Beef or mutton, potatoes or greens. Onion sauce, leeks. He eats few potatoes, as he says they give him indigestion. He hardly ever touches pastry, but eats milk puddings and fruit, sago or ground rice, usually with apples, apricots, plums, stewed pears or prunes, and a glass of water.

Tea, 5 p.m.—Two cups of tea, bread, generally white, and butter; no cake.

Supper, 9 p.m.—Crust of bread and cheese and cup of cocoa.

He has a cup of tea with plenty of milk in it on first getting down in the morning, that is, about 7 o'clock. He eats nothing with it. He is not an abstainer, but only takes a glass of beer, and then with intervals of several weeks between.

I advised against operative interference and recommended him the following :—

DURING AN ATTACK.

When first seized put feet and legs in hot water for ten minutes, or in hot water and mustard for five.

Apply hot vinegar compresses to the right side, half an ounce to a pint, using four thicknesses of lint, linen, cotton, or flannel.

Bry. 2x every one or two hours.

FOOD.

Robinson's prepared groats, stewed apple strained, oatmeal jelly, prune juice (steeping the prunes for twelve hours and stewing them slowly for six). Tomato soup strained and other vegetable soups. Toasted granose. When the pain is gone and the fever has subsided, if the bowels do not act, use oatmeal porridge, molasses, stewed prunes, fig juice, roasted apples, dates, honey, and grape juice.

TO PREVENT RECURRENCE.

Avoid flesh meat and take three meals a day.

Breakfast.—Oatmeal porridge, any kind, wheatmeal porridge or porridge of maize-meal or hominy, flaked wheat, rice, &c., with dates, apples, prunes, figs, treacle, syrup, or honey.

Dinner.—Vegetable soups and stews of all kinds with wholemeal bread or toasted granose flakes. Nut-meat preparations with vegetables; cheese preparations such as rice, macaroni, or vermicelli and cheese, with vegetables, stewed or fresh fruit.

Supper.—Any cereal such as is contained in the breakfast list eaten with stewed fruit or honey, and with a few wheatmeal biscuits or oatmeal wafers or plain breakfast biscuits, followed by some additional stewed fruit or fresh fruit with biscuits or wholemeal bread or toast. Rice with sultana raisins or barley with sultana raisins. Toasted granose biscuits with fresh or stewed fruit.

CONCLUSION.

I must now endeavour to draw the threads of a long story together and bring this article to a close. Believing, as I do, that many lives are sacrificed annually through wrong or ill-considered methods of treatment and through operative interference, I plead for the adoption of other and gentler means and a less hasty resort to surgical interference. I have shown by the utterances of those most capable of expressing an opinion on the subject both because of their position and their experience as surgeons, the dangers that beset the path of the men who resort to the knife as soon as they have diagnosed the disease.

The hypothetical case given by Mr. Stanmore Bishop is well illustrated by what occurred in Case 9 in my own practice. Here, if I am correctly informed, the mother was told that an operation was imperative and that if it were not resorted to her boy would be dead in twenty-four hours. What can any mother do under such circumstances? What, but submit. This case of my own, that of Mr. Stanmore Bishop, and the cases we have all known in which bright young lives have succumbed a few hours after they have been *successfully* operated upon, make me urge upon those who may

be inclined to this method of dealing with appendicitis to pause before doing so. Amongst ourselves there is less necessity to do this than there would be amongst our allopathic *confrères*.

We have means at our disposal which they know not of, that are wonderfully helpful in the treatment of such a disease, and had time permitted, and I been able to present something of the literature of our own school on the subject, it would have gone to show that in many instances in which the brilliant operator would have resorted to his own craft, the physician with the resources of homœopathy behind him was patiently labouring, with means that never exhaust or irritate, to bring about a result far more brilliant than any that surgery can show in the treatment of this disease. As the man who can make two blades of grass to grow where one grew before is a benefactor to his race, so the man who can save the appendix of man, woman, or child confers a blessing upon humanity.

There is no virtue in the removal of organs, as far as the thing itself is concerned, but there is much in being able to save them. If any branch of our profession should be conservative it is surgery. Let medicine walk in the full attire of Liberalism. Let it stretch out its hands to embrace all that will assist in the amelioration of suffering and the healing of disease. Let it not be afraid, only let it be civil and tolerant in all that it does. The day is great, the opportunities are many, but the incubus of traditionalism rests heavily upon it.

Surgeons are very apt to forget that "nothing walks with aimless feet," that no organ of the body was ever created without a purpose, and that however skilful a man may be in the removal of appendices, ovaries, tonsils, or any other part of the body, it is a higher work to restore such when diseased to health again and enable them to fulfil their purpose in the economy.

It may be asked what would you do in a case that went on to suppuration? In all probability I would let it alone. I have such abundant faith in Nature's methods that I think she is more likely than I to know how best to deal with such a contingency; at anyrate, I know that the last case of the sort I had, now many years ago, the abscess discharged into the bowel and the patient made a good recovery.

I think, however, that it is our methods of dealing with appendicitis that lead to complications, and that if the means I have advocated in this paper were adopted generally throughout the profession, and particularly by those who are called upon to treat the disease at its onset, we should hear much less about the necessity for surgical interference and the deaths that are sure to take place in so many hours if it be not performed. It seems to me only reasonable to suppose that where irritating substances like castor oil are administered in material doses mischief is very likely to occur, and where pills and other substances are resorted to matters will be made worse.

From an examination of the Annual Report of the Registrar-General for 1907, I see that the deaths from appendicitis and perityphlitis amounted in 1907 to 1,969, viz., males 1,161, females 808, and, notwithstanding, as some will say—because of, as others—all the successful operations that have been performed the number of deaths has steadily increased, so that while in 1901 we had 38 per million living, in 1902 we had 45; in 1903, 52; 1904, 56; 1905, 57; and 1906, 62. These are the facts, but unless I knew what proportion of the 1,969 that died had been operated upon I can say nothing further about the matter. The steady increase in the deaths, however, is very significant and it should give us cause for reflection whether we belong to one school of medicine or another, or are physicians or surgeons. A rise in five years from 38 to 62 is a serious thing, whatever its explanation may be.

As a last word, I ask that those who may do me the honour of reading this article will make use of the methods which I have presented for their consideration. They are well tried; they have borne the test of experience; their value has been proved again and again; and such is my confidence in the means I advocate that if it were possible for one year to make such treatment general I believe at its close we should have a bill of mortality to present as far as this disease is concerned very different from that which now obtains.

PAST AND PRESENT: A NOTE OF WARNING.

BY THE SENIOR EDITOR.

RATHER less than two years ago, our up-to-date, and for the most part courteous, contemporary, *The Hospital*, published a short Editorial of more than usual merit. We make no apology, therefore, for presenting it to our readers. To be sure, it appeared in a New Year's number—a season prolific in the manufacture of good resolutions and pious aspirations. Still, it need not necessarily be any the worse for that. It was entitled "Bacteriology and the Medical Treatment of Disease." We are told that "the study of the causes of the various diseases to which man is liable has been a conspicuous feature of medical progress during the last generation. It has come to be generally recognized that to regard some prominent symptom or physical condition as a disease, and to name and treat this without further enquiry, is a position which is no longer capable of defence. Hence has arisen the desire to get behind the superficial phenomena of every pathological disturbance to the essential causes upon which such phenomena depend. Attempts in this direction, it is felt, are not only in harmony with the claims of modern scientific method, but also afford the best prospects both of curative and of preventive treatment. To such an end an enormous and enduring impetus was lent by the discovery of the large part which micro-organisms play in the causation of disease. Surgical treatment has been revolutionized as a consequence of such knowledge, and the developments of preventive medicine, which are so striking a feature of modern practice, are largely due to the same influence. On the other hand, the methods of the physician have not been found to be so readily adapted to the modifications suggested by the facts and doctrines of bacteriology, and in some respects, indeed, the new teaching has appeared to encourage a sceptical or pessimistic attitude towards many traditional forms of medical treatment. The experience of a former day has been repeated, and just as the study of pathological anatomy compelled, it was once said, an utter disbelief in the virtues and powers of drugs, so more recently the suggestion has arisen, that the social value of medical practice must be found in its ability

to prevent disease rather than in the amiable delusion of its power to cure the patient.

"Another mental tendency induced as a result of the appreciation of the pervading influence of micro-organisms as causes of disease is one which led to the view that such agents were in many instances *sufficient in themselves* to institute the diseased processes often found to be associated with their presence. Thus, for example, the tubercle bacillus was regarded as the cause of tuberculosis, not merely in the sense that without it no tuberculous disease was possible, but in the wider meaning that, given the presence of the micro-organism in the body, the disease was bound to follow. Hence the view that phthisis pulmonalis, for example, was a disease in which heredity played a large part was brushed aside as both absurd and out of date, and the bacillus was presented as the one and only responsible agent in the scheme of causation. Experience has somewhat severely corrected this teaching, and has shown that the presence of various pathogenic bacilli in the tissues is by no means the same thing as the various diseases which are attributed to them. In other words, it has to be admitted that in the production of the disease there must not only be the external agent but *also a certain quality or tendency of the tissues*, and that this, like other bodily qualities, may be transmitted by inheritance. From conclusions of this order there naturally arose a desire to investigate the nature of the factor contributed by the body in the development or non-development of the various specific diseases. Why, it was asked, does one individual suffer from an attack of one of these diseases, whilst another individual, placed in identical circumstances, escapes? Added to this came speculations regarding the recovery of some patients and the death of others; and also enquiries in reference to the common experience, that one attack of some of the diseases now in question bestows on the individual sufferer immunity from a second or later attack.

"Here, then, are two broad positions to which opinion has been led as a consequence of the application of bacteriology to medical practice. In the one, any treatment short of the surgical removal of the diseased area, when this is possible, is regarded almost with despair. In the other, is seen *some*

factor, contributed by the body, and playing a large share in determining both the incidence and the issue of the disease. It has now become evident that the recognition of this latter doctrine must have an important influence on questions of treatment. For it is known that the tissue agency in regard to an invasion by micro-organisms is not a passive, but an active one. Regarded at first as a vague and indefinite quality which played towards invading germs the part which a soil is popularly regarded as holding to the seed scattered over it, it has now come to be recognized as an ordered process or series of processes, which may be made the subject of precise observation and study. Further, these bodily phenomena, it is seen, are not only expressions of activity having some degree of ability to prevent, or, failing that, to limit, an attack of disease, but they are capable of being intensified on the one hand or depressed on the other; and these modifications may, without doubt, be promoted by what may fairly be called medical treatment. In this way, the transfer of attention from the invading agents or micro-organisms to the method of their reception in the tissues has conspicuously modified the doleful view in reference to treatment which the early studies of the bacteriologists undoubtedly suggested. This study of what may be called the *natural resistance of the body* to the causative agents of disease is likely to produce far-reaching results on treatment. It is already, even in such a disease as cancer, causing a reconsideration of surgical method and technique. Similarly, the surgeon is being urged to pause in his attempts to eradicate parts affected with tubercle, on the ground that in many such cases a natural cure will occur. Finally, the methods associated with the name of Sir A. E. Wright, whether they are or are not final in form, are based on a recognition of the possibility of assisting, directly or indirectly, those capacities of the tissues upon which a successful resistance to disease so largely depends."

We are glad to see that *The Hospital* is following the teachings of homœopathy, even though "afar off," and probably without knowing it. What is Hahnemann's much reviled phrase "chronic miasms" but "a certain quality or tendency of the tissues," which "like other bodily qualities, may be transmitted by inheritance?" What are these

chronic miasms but "some factor, contributed by the body, and playing a large share in determining both the incidence and the issue of the disease"? "The natural resistance of the body to the causative agents of disease," is merely another way of representing the idea underlying Hahnemann's statements in reference to "vital force." What, then, should be our attitude towards the sick? Is our duty, as physicians, to be, simply and solely, *to restore health to the sick*, according to the first paragraph of *The Organon of the Healing Art*, or are we to endeavour *to cure disease*, according to the allopathic standpoint, and, I regret to say, the standpoint also of a good many who sail under the homœopathic flag? Do not think it is a case of tweedle-dum and tweedle-dee. The difference in standpoint between *to restore health to the sick* and *to cure disease* is wide and far reaching; is fundamental, in fact. If our object is *to restore health to the sick*, we must regard the sick person in question as an *individual*, in other words, we are bound to *individualize*, *i.e.*, we will treat the patient, not the disease. On the other hand, if the object is *to cure diseases*, we look upon our patient as one of a class suffering from a more or less well-defined disease, for which there is a "fixed remedy"; in other words, we must generalize, *i.e.*, we will treat the disease, not the patient.

It is important to be precise in the various terms we use. It is too often tacitly assumed that pathology and morbid anatomy are one and the same. This is by no means the case. A similar difference exists between them as that between physiology and anatomy—the one has to do with *function* and the other with *structure*. Pathology is any departure from healthy function, while morbid anatomy is departure from normal structure. In diseased states, therefore, pathology must always precede morbid anatomy. Specimens of morbid anatomy we can see and handle, can examine them with the microscope. But who can elucidate the outs and the ins of the disordered function (pathology), which began, continued, and ended in the production of these same specimens? We have hypotheses galore, each one as good as another—and sometimes better! Physiology is not the *science of life* itself, but is merely *a record of the phenomena which depend upon and result from normal life*. But what is *normal life*? That

question must be settled before we can know what *abnormal life* (pathology) is. The professed knowledge of the immediate essence of disease, as of life, is but an empty hypothesis, foisted upon a long-suffering world, and of which the said world would be glad to be quit once for all, along with all other cant and humbug.

It has been said that Hahnemann rejected the *pathology* of his day. I have never been able to find a single sentence to indicate that he rejected the *knowledge of pathology*. Indeed, by implication, he demands from his followers a full knowledge of *all* the *collateral* branches of medical science, and pathology is, after all, merely a collateral branch. But there is one thing he did not do, and that was to make pathology the *basis of therapeutics*, and if we are wise we will do the same, and we certainly will do so if our object is to *restore health to the sick*. If our object is to *cure diseases*, then by all means make the elusive hypotheses of pathology the basis of our therapeutics. Verily, we shall have our reward, even in this life. But suppose, for the sake of argument, we grant all that has been tacitly assumed to be true of pathology, let us grant that owing to the *recent* progress of modern methods pathology has now at last been elevated to the rank of an exact science, that it is no longer a tissue of hypotheses. What then? Even this can in no way modify our basis of therapeutics, if we are to restore health to the sick, for even then we must rigidly individualize if we are to treat the *patient*, and not a disease. Let us go one step further. Even if we could truthfully say that we *know* the exact *prima causa morbi* in the interior of the organism, how and why it arose, its proximate and remote causes; in fact, grant that our knowledge of it is truly omniscient, we will still be *compelled* to individualize if we desire to restore health to the sick. The physical and mental *differences* existing among mankind are infinitely varied, and therefore, under every possible circumstance we are bound to individualize if we are to carry out the duties of the true physician, for each so-called "disease" affects all different individuals differently. Gain all the knowledge possible of pathology and morbid anatomy, but never try to crush the science of therapeutics, *i.e.*, homœopathy, into the pathological livery of the old school. The attempt to do

so has been like a sunken rock, and many have made shipwreck thereon.

Our good friend *The Hospital* tells us (what Hahnemann insisted on so strenuously) that "it has to be admitted that in the production of disease there must not only be the external agent, but also a certain quality or tendency of the tissues, and that this, like other bodily qualities, may be transmitted by inheritance." The "external agents" referred to here are pathogenic bacilli, but these, unless there is some traitor within, are powerless to harm. The great strength of homœopathy lies in its power to deal with this traitor, this *dis-order* within, before it can join forces with the enemy without. This can only be done by a minute and careful study of the *subjective symptoms* detailed by the patient, finding the most like medicine and administering it. Far too little is made of the *subjective sensations* of the patient even in our own school, and very much more so in the old school. In many cases they are looked upon as curiosities, or the vapourings of hysteria, or the imaginings of an ill-balanced mind: and even where they are admittedly genuine, they are apt to be looked at and thrown aside as useless. One is glad, however, to see that old school writers are waking up to their importance, though what real use they are likely to make of them is somewhat of a problem, unless they are content to learn at the feet of Hahnemann. Dr. James Mackenzie, in his *Symptoms and their Interpretation*, says in chapter xx. dealing with "Affections of the Circulatory System": "The value of many of these methods" (*i.e.*, the methods usually adopted in investigation of the heart's action) "is unquestioned, but unfortunately the tendency has been to place undue reliance on the results obtained by mere physical examination, and to neglect the more important features to be derived from the reflex phenomena, chiefly expressed in the sensations felt by the patient." In speaking thus, however, Dr. Mackenzie is dealing with diagnosis and prognosis—chiefly the latter—rather than the use of these subjective symptoms as an aid to the discovery of the curative remedy.

Here, in passing, I would recommend all our men to read and re-read three important books, *viz.*, *Rest and Pain*, by the late John Hilton; *Pain*, by Dr. Rudolph Schmidt; and

Symptoms and their Interpretation, by James Mackenzie. The first is an old book, as time goes from a publisher's point of view; its teachings will never be old. In its own domain it is truly a classic. I do not say that these books will help us in a diagnosis of the *remedy* in the present conditions of our science. At the same time we should have all these books in our mind's eye at the examination of every patient. They will often enable us to link up apparently isolated symptoms. Apart from that, every educated homœopathic physician should thoroughly master their contents just because he or she is an educated physician, for the standard of education in our ranks ought to be very much higher than in the ranks of allopathy.

Following upon the subjective sensations ("symptoms") at a longer or shorter interval, we have the objective symptoms or physical signs, which may or may not enable us to give the disease a name and a local habitation, and may also to a certain limited extent aid us in selecting a remedy. But for this latter purpose the subjective sensations must ever and always take the first rank, inasmuch as our provings for the greater part consist of subjective sensations. Very rarely, indeed, have the provings been pushed to the extent of producing well-marked physical signs. We do not *treat* these subjective sensations or symptoms; we merely use them as we would use sign-posts in an unknown part of the country, in order to guide us to the point we wish to reach, and that is, *to restore health to the sick*. We do not treat symptoms; that we leave to the old school. It is their proud prerogative to select an outstanding symptom, *e.g.*, temperature, and bend all their energies to its suppression. This they call rational and scientific treatment. Why, it is difficult to see; probably on the *lucus a non lucendo* principle. Galen's method of *contraria* could only be applied to *single* separate symptoms, of the complex of manifestations of functional disturbances, and this inevitably led to polypharmacy, a number of drugs being put into the prescription, each after having reached the stomach being expected to set out forthwith to conquer its own prominent symptom (and do nothing else) of the total symptom-syndrome. The success of this method has not, hitherto, been all that could be desired.

It is far otherwise with homœopathy. If we in any given case of "disease," on the appearance of the *subjective* symptoms or sensations, make intelligent use of the principles laid down by Hahnemann, in all probability the *objective* symptoms, or physical signs, may not develop, but the whole disease be nipped in the bud, that is, at its very inception. What else, indeed, are the subjective sensations for? Their totality, their *tout ensemble*, is a living picture projected outwards by the state of disorder or disease within, for our inspection and study in order that we may find the medicine to match, which medicine will obliterate the whole, as well as the cause or causes from which this whole sprang. If we wait till we are quite sure of the name given to the diseased condition we will be *days too late*, and our patient will run a far greater risk of losing his life, besides having in all likelihood to pass through a tedious convalescence. Once more let me insist that it is patients we are to treat, not diseases, and to do this we *must* individualize; and that the physician's high and *only* mission is to restore the sick to health.

It must not be understood that there is a sharp line of demarcation between the times of appearance of the subjective and objective symptoms, though in a general way the subjective are first in the order of time. Alterations in the pulse, distribution of perspiration, are objective symptoms, and may appear almost as early in the disorder as the subjective symptoms proper. In such cases they (the objective symptoms) may be of great value as true guides to the indicated remedy, though to the scientific pathologist they may be mere curiosities. Two examples will show what I mean, one dealing with the pulse, the other with perspiration. In some diseased states it is found that the *pulse* is much more rapid in the morning than in the evening. This is apparently a small and trifling symptom, and some will say an unimportant one, and so far as I know its pathological substratum is as yet unknown. There are, however, two of our medicines—two standing in the very front rank of our polychrests—that have the power of causing and curing the condition in which this very curious symptom shows itself, viz., *sulphur* and *arsenicum*.

In regard to *perspiration* we will take the case of Bœnninghausen's serious illness in 1833. His trouble was what would

be called appendicitis nowadays : at the time it was diagnosed typhlitis. After the medical men in attendance had prescribed for him twice, without the slightest improvement, he refused to be guided any longer by their counsels, and then, although suffering great pain and very weak, he studied his own case. He finally selected *thuja*, because of an odd symptom, "sweat of the uncovered parts, while the covered remained dry and hot." In a short time he felt relieved, and was soon afterwards up and about as usual. Later, he experienced some difficulty with the proper action of the bowels, for which he had to take two other remedies. Shortly after his recovery Bœnninghausen sent a minute account of his attack to Hahnemann; but as the latter was confined to bed at the time he did not write for several weeks. Bœnninghausen was greatly astonished later to find that Hahnemann had anticipated the troubles which had arisen in this case, and the very medicines he had taken were those Hahnemann had foreseen he would require. This is one of those instances on record of Hahnemann's wonderful knowledge of disease, and his equally wonderful prescience, by which he was able to foretell the course of a malady and the remedies necessary for the case.

We confess that we always look upon any method of treatment that does not demand strict individualization as a *sine qua non*, or where strict individualization would be unnecessary or useless for the method of treatment in question, with grave suspicion; all such we believe are on the "down grade." The longing for *fixed remedies* has always for its counterpart certain *specific diseases*; and in this method of treatment it is *diseases* that are treated, not patients. It leaves no room for individualization, nor is there any encouragement to individualize, as it would be useless and a waste of time. It was this idea of "fixed remedies," with its counterpart of "specific diseases," that was the dominant note of the Homœopathic Congress held at Liverpool on Thursday, September 13, 1877. Many of those who took a leading part in this Congress are no longer with us, but with all due deference to their memory, we think there is a more excellent way. How often, too, do we find that the "fixed remedy" is one dictated largely by the fancy of the physician, or by the fashion of the day. This

was not Hahnemann's way, though all failures from it are laid at the door of homœopathy. But no one can be considered competent to judge of Hahnemann's method, unless he has taken the trouble to imitate the technical details accurately. If without doing so he presumes to criticize it adversely, then he is guilty of infamous conduct in a *scientific respect*. No man possessing the true scientific spirit would dream of acting in such a way.

In more recent years other stars have arisen in the therapeutic firmament, viz., treatment by *serums* and *bacterial vaccines*. A *serum*, as we understand it, is the blood serum of an animal which has had its resistance presumably fortified by repeated injections of minimal doses of the infecting organisms. It contains, among other things, certain manufactured products, called antitoxins. Their action is probably purely a neutralizing one—so much antitoxin will neutralize so much toxin. We believe that it is a generally admitted fact that sera have failed as a therapeutic measure, except in the case of diphtheria. Investigations on the *coli* and *pneumococci* infections have shown that these micro-organisms vary in each host; and this probably explains the failures in the attempt to cure with anti-pneumococcal sera. We have never yet required to resort to any form of serum; we have always found the homœopathic remedy amply sufficient.

A *bacterial vaccine* is a sterilized, standardized emulsion of the dead infecting micro-organism. An attempt is made to control its action, either by laboratory or clinical methods. The consensus of opinion seems to be leaning towards the impracticability of Wright's opsonic method, and to favour the clinical method of control. At first there is a slight lowering of the "opsonic index" (negative phase), and the aim is to give such a dose and at such a time that this negative phase is just evident and no more. This negative phase in vaccine-therapy would seem to correspond to the homœopathic aggravation as described by Hahnemann; and just as in vaccine-therapy, so in homœopathy, the aim is to so diminish the dose that the negative phase in the one case, or the homœopathic aggravation in the other, is only just evident. In vaccine-therapy some reaction seems to take place between the tissues and the dead micro-organisms whereby

anti-bacterial" substances, including the estimable and obliging "opsonins" of Wright, are liberated into the blood-stream. In the minuteness of the dose and the magnitude of the reaction there are further resemblances to homœopathic therapy. There is also a feeble attempt at individualization in the fact that in the majority of infections it is necessary for success to prepare a vaccine from the cultures of the patient's own particular micro-organism; for even micro-organisms with the same name and which exhibit the same microscopical and cultural appearances, vary in each host, *e.g.*, *Bacillus coli*, and *pneumococcus*. Hence it is not regarded as wise to have stock or standard vaccines, except, perhaps, in the doubtful exception of tuberculin. But even with these precautions the instances are painfully numerous where from no explainable cause and under apparently ideal conditions vaccine-therapy has signally failed. Further, it is impossible to predict when it will be successful and when it will fail. Many medical men seem to act on the notion that they have only to obtain so many millions pickled bacteria, inject them into their patients, and forthwith the disease departs. While we would advise patient investigation into every promising method of treatment, yet we feel compelled to issue this word of warning, for every method not depending on strict individualization is bound to be more or less a failure. By-path meadows should always be looked upon with suspicion. The curious and fatal danger about such is that the path runs parallel with and close to the proper way for a considerable distance. The by-path is easier to walk on, too, than the right way. But soon there is a gradual and almost insensible divergence from the right way, unnoticed till the right way is irretrievably lost; and worse than this, all wish and desire to find it again are also lost.

It must not be forgotten that the "opsonic method" is only yet in the experimental stage. The method by which new theories are arrived at must conform with those held obligatory by science. This homœopathy has done, but the same is by no means true of Wright's method. It has not yet emerged from the quagmire of empiricism. We do not know what the opsonins are, how they act, and what meaning phagocytosis has. To put aside our well-tried and trust-

worthy methods and convert ourselves into "immunizators," with emulsions of dead bacteria and a hypodermic syringe as our stock-in-trade, would be a totally retrograde step. For members of the old school to do so there might be some excuse, for they know no better; but there can be no excuse for members of our own school doing so. There is no doubt, however, that the opsonic method tends to confirm the truth of homœopathy, in its scientific aspect; as such we welcome it. In many cases its results have been exceedingly good, especially in cases of skin infections that have resisted (fortunately for the patients) the efforts of dermatologists for years. But that is hardly to be wondered at, for the great policy of the "specialist in skins" seems to be one of suppression, *i.e.*, he tries to cure the affection from without inwards, while Nature says they shall be cured only from within outwards. The results of opsonic treatment are surprising only to men not conversant with their nature. The results, like those glowingly reported, have nothing to do with the "opsonic" treatment, but are only an effective, active immunization of the patient against his own bacteria. In diseases, however, where there is a rapid lethal tendency vaccine-therapy is found wanting. Even in the case of tuberculous infections the opsonic method, on the whole, has been somewhat disappointing. In many chronic conditions that have no lethal tendency the results have been distinctly good, and just in proportion to, and to the extent that the method conforms to *similia*: thus far and no further. It is to be observed that those who know most about the practical working of the method are far more reticent concerning it than those who possess merely an "arm-chair" knowledge of it, coupled with a vivid imagination. Dr. Platt, in a recent number of the *Hahnemannian Monthly*, does not state the case quite fairly as it seems to me, though much may be due to the customary style of phraseology (and spelling) of the great country of of which he is a distinguished citizen. He says: "If Hahnemann were alive to-day, do you suppose that he would be thumbing over his books of a hundred years ago? The great principle of cure he discovered then, he would be working, with all his wonderful mind, to perfect and develop. He would be living in the laboratories, a laboratory worker,

a research student, revelling in the advantages supplied by the new physiologic chemistry." *Would* he? One thing is certain: he *would* still be "thumbing over his books of a hundred years ago." The good doctor forgets that Truth does not grow old: it is immortal, though we may add to our knowledge of it. In the science of therapeutics (homœopathy) that which was true a hundred years ago is just as true to-day and will be equally so a hundred years hence. Any method that is constantly changing must be unscientific and false. This is what Hahnemann would be doing were he with us to-day; he was a research student all his life, but he was not blown about by every wind of doctrine. He took care to *prove* each step, and would accept nothing on trust, where the healing of the sick was concerned. New ways are not always better ways, and it is quite possible that if Dr. Platt himself were ill and suffering, he might not derive so much comfort from the "advantages supplied by the new physiologic chemistry and by the microscope" as he seems to think.

Investigate these collateral sciences by all means; but test and prove before accepting. Those proved to be good, accept and retain. Avoid the Athenian pitfall, and spend time in better ways than merely "to tell or to hear of some new thing." In conclusion, we can give no better advice than—"Prove all things: hold fast that which is good." Hold it fast with a decisive and firm grip; and as decisively and firmly reject everything which does not help us, as true physicians, to fulfil our "highest and only calling," viz., "*To restore health to the sick.*"

CANCER AND CANCER PROCESSES.

THE TRANSFORMATION OF CARCINOMA INTO SARCOMA.

IN February last the Pathological Society of London held a memorable meeting at the Laboratories of the Imperial Cancer Research Fund. Charted on the walls, and microscopically demonstrated on the table, backed by a wealth of pathological material, living and dead, were the chief issues of the work of the Fund into the problems of cancer. The production of immunity by inoculation with small and large

doses of cancer material, the extraordinary fact of immunity being created by the injection of emulsion of embryo tissue, the still more extraordinary fact of this immunity being actional, *i.e.*, relative to the tissues comprised in the emulsion each to each; the proof that malignant disease is in no way an infective process, the fact that the methods producing cancer immunity are absolutely ineffective for cancer cure—these were some of the striking results submitted to the meeting. But far and away chief in interest was the *chef d'œuvre* of the evening, illustrated with a wealth of microscopic display that left nothing to wish, and publicly shown for the first time in this country. *This was no less than the demonstration of a first development of malignant growth from normal cells, in the course of a yet more interesting pathological process, the gradual conversion of a carcinomatous growth into a sarcomatous tumour.* “I am convinced,” said that eminent pathologist, Mr. Shattock, “I am finally convinced that this can take place.” “But,” he went on to say, “it is not to be supposed that this implies the immediate and freest transformation of cancer cells into those of sarcoma, that is a lineal descent that is unknown. What does occur is the gradual elimination of cancer cells in a purely cancerous growth, and their continuous replacement by spindle-celled sarcoma.” Most extraordinary is it that the growth which exists for some time as a pure form of carcinoma, though of piecemeal shape, should ultimately become a pure form of sarcoma. How this is effected I trust the ensuing paragraphs will make explicit.

The Beginning of the Transformation.—In the human being this has, from the nature of the case, never been followed. But in the researches conducted by the Imperial Cancer Research Fund the process has been observed repeatedly to occur in animals, and not in one case only but in multiple instances, and with certain harbingers that indicate the forthcoming change and allow it to be watched *ab initio*. To follow the full evolution of the result requires us to hark back to certain fundamentals in cancer growth.

When the primary cancer cells, limited in number and in area, are originally evolved in the organism, they are epithelial products only; they contain no stroma. The necessary

connective tissue scaffolding, with the requisite blood-vessels, are supplied by the sound tissue, and in cases of transplantation to another animal by the host. The stroma, with connective tissue scaffolding and vascular supply, is thus provided by the normal tissues of the body, in response to the excitation of the cancer cells. This is called in technical parlance the "specific stroma reaction." The term "specific" is super-added in that each type of cancer cells evokes upon the normal surrounding tissues its own special type of stroma. "The amount of this specific stroma reaction is characteristic for every type of tumour. The stroma, then, is the non-malignant part; the epithelial cells, the malignant moiety of every carcinoma."

The Survival of the Malignant.—When a minute fragment of cancer tissue is actually transplanted by graft or metastasis, what happens? The malignant part of the fragment—the epithelial cells—increases and multiplies as in the parent growth. Not so the transplanted stroma; this, the non-malignant part, fails to imbed itself, dies, and becomes absorbed. Simultaneously from the recipient surrounding tissues streams a legion of connective tissue corpuscles between the cancer cells, a new fibro-cellular stroma is formed, new blood-vessels bud in from the surrounding capillaries and connective tissue scaffolding, and blood-vessels—collectively termed stroma—are thus recreated after the pattern of the transplanted but demised reticulum.

This continuity of cancer cell growth, and this discontinuity of cancer stroma translocation, may be repeated, in favourable conditions, generation after generation almost *ad lib.* The transferred malignant cells, possessed with a vehemence of growth, increase and multiply in such new organism without stint. But they are unable to safeguard the linking-up of the stroma in which they are imbedded with the connective tissue of the new organism; the old stroma dies, the host obligingly furnishes a fresh network according to pattern. The end is as the beginning.

The Acquisition of New Properties.—At least, this was the exact and verified finding, in innumerable cases, in what was termed "early stages," after successful transplantation had been made. This was the use and wont of the observer, and the

normal course of events with transplanted stroma seemed settled. But *exceptio probat regulam*—that is, tries, tests the rule; and in the mass of observations, exceptions—occasional but dramatic—began to obtrude themselves. Ehrlich led the way, and in 1905 he recorded three instances of rare but actual cases where the non-malignant stroma had *not* perished during the early stages of implantation. More than this, in each instance, sarcomatous tissue more or less suddenly appears, like a bolt out of the blue, between the alveoli, replaces the original non-malignant stroma, ousts the cancer cells after a struggle, and the tumour thereafter persists as a pure sarcoma. Here is a transformation scene with a vengeance; and the visible evolution of connective tissue into spindle-celled sarcoma watched step by step, and the struggle for existence between the new sarcomatous cancer and the established cancer cell, resulting in disestablishment of the latter from the tumour mass, came with all the force of a new revelation.

Wide and continued observation, controlled by elaborate check and counter-check, has warranted *inter alia* the following conclusions contained in the Reports of the Imperial Cancer Research Fund :—

(1) *The most reliable data of malignancy are biological, not histological.* This is expressly stated and expressly proved in Dr. Ginde's paper. "The histological structure of a tumour does not of itself permit of a decision as to its innocent or malignant nature." In other words, clinical evidence ranks before that of the microscope.

(2) *Cancer does not belong to the type of infective disease.* This question has been thoroughly investigated, and the weight of evidence is dead against the infectivity of cancer. The moral of this is that it is quite useless to devise treatment on the lines of toxin and antitoxin and salines, and all the issues of Ehrlich's side-chair theories. The facts of cancer do not run parallel with those of infectivity. "The public can be assured with greater certainty that the presence of some 50,000 persons suffering from cancer in England and Wales does not constitute a direct menace to the health of those near and dear to them, or to the health of the population generally."

(3) *When absorption occurs the cure is effected by the increase*

in reaction of the normal tissues, not by the decadence of the malignant cells themselves. Though ebb and flow occur in the continuous life of cancer cells, the elimination of the latter, when living, is due to the increased activity of the local cellular tissues. The result of this vastly important conclusion is that effective treatment has to be framed so as to increase and intensify the normal power of the organism for the elimination of the alien growth. The case of absorption under radium is taken, and the current theory of its specific action on diseased tissues disproved. *Radium exerts no selective action on cancer cells*, and the action of radium is characterized by its similarity to the process of spontaneous absorption.

MEMORABLE MEETING AT THE MANSION HOUSE.
AN APPEAL BY THE LORD MAYOR.

July 30, 1909.

NEVER in the history of the Phillips Memorial Homœopathic Hospital and Dispensary, Bromley, has such a memorable meeting been held as that which took place on Friday afternoon. Usually the annual gathering takes place in the Hospital, but on the present occasion, to meet the convenience of its distinguished President, the Right Hon. the Lord Mayor of London (Sir G. Wyatt Truscott, Bart.), the Governors and subscribers were invited to the Mansion House to hold the meeting. A goodly number responded to the invitation, and the visit to this historic building will long be remembered by all who were privileged to be present. The guests were graciously received in the grand saloon by the Lord Mayor and Lady Mayoress, an excellent programme of music being performed by the Bijou Orchestra (conductor, Mr. T. Batty); afternoon tea was subsequently provided, and altogether two most entertaining hours were passed. By order of the Lord Mayor, the Egyptian Hall was lighted, and the guests were given the opportunity to walk round this magnificent apartment. Amongst the visitors present was Dr. Murtinho, a distinguished senator from Brazil.

The Lord Mayor presided at the meeting, and amongst

those present were Alderman A. Lindsay Bell, Mr. Thomas Bennett (Treasurer), Mr. J. M. Wyborn (the excellent Secretary), Mr. W. Willett (Chairman of the Building Committee), Dr. H. Wynne Thomas and Mrs. Wynne Thomas, Dr. W. P. Purdom, Mr. T. D. Graty and Mrs. Graty, Mr. E. Ford Duncanson, Dr. A. W. Henly, Miss A. C. Tapp (Secretary of the Ladies' Committee), Miss K. Simpson (Vice-President of the Ladies' Committee), Dr. D. Dyce-Brown (Hon. Consulting Physician), Dr. G. H. Burford (Hon. Gynæcologist), Miss Hyde (the esteemed Matron), Dr. T. W. Burwood (Ealing), and Mr. H. Room. Letters were received from the Lady Margaret Cecil and the Right Hon. the Earl of Dysart (Patrons) and others regretting their inability to attend.

TWENTIETH ANNUAL REPORT.

The Committee's Twentieth Annual Report showed that the number of patients attended in the various departments of the institution reached a total of 674, while the total number of out-patient attendances amounted to 2,403. Of the 115 cases treated to a conclusion in the wards of the Hospital 67 were discharged cured, and 37 improved in a greater or less degree. In addition to these, 12 remained in at the end of the year, who had received partial treatment, and there were 11 on whom dental extractions under gas were performed, besides 17 casualties and cases of minor operation and emergency, which received attention in the Hospital, but were detained less than twenty-four hours. Forty-two operations were performed during the year, and the services of the Hon. Consulting Surgeons, Dr. Knox Shaw and Dr. Burford, were again kindly rendered on several occasions. There were seven deaths in the Hospital, representing about 6 per cent. of the in-patients admitted. The number of visits to the homes of patients amounted to 702, and 113 new home patients were registered as having received the benefits of this department. At the dispensary 406 new out-patients were registered, involving a total of 1,673 attendances.

Again the Committee desire to record their indebtedness to the "Queen's Reign Commemoration Fund, 1897," for three of their valuable letters of admission to convalescent homes supplied during the year. These secure for the patients

exceptional and much appreciated advantages, when in need of rest and change of air after their discharge from the Hospital. Under the responsibility of the Rev. Canon P. Barker, assisted by the Rev. W. A. Carroll and the Rev. C. Wilson, the weekly religious services held in the Hospital for the benefit of the patients and nurses have been kindly continued.

The average cost per week for provisions alone of each person resident (including extras provided for patients), amounted to a fraction over 6s. 11½d. This low figure was made possible by numerous gifts in kind, including the "pound collection," accompanied by strict economy and supervision.

The annual subscriptions indicate a prospective reduction of future income, which the Committee cannot but contemplate with some uneasiness. Owing to removals by death and other circumstances, the great need of a larger proportion of regular income from this source has not, up to the present time, been met. The Hospital has lost, during the year 1908, £39 15s. under this head, and it is obvious that the earnest efforts of all friends and supporters of the institution are much needed to induce new neighbours and friends to become annual subscribers in order not only to make up this loss, but to raise the amount flowing from this source of income to more adequate proportions than it at present bears to the total ordinary expenditure, viz., £261 7s. to £1,101 11s. 6d., or much less than one-fourth.

The income from donations has further declined, having only amounted to £55 7s. 4d., as against £74 os. 3d. in the preceding year. This total includes £17 11s. 10d. from the Bromley Charter Day Festivities Fund and £6 8s. 11d. from Bromley Football Club.

The Metropolitan Hospital Sunday Fund happily increased the amount of its grant to £51 15s., but congregational collections fell to £14 7s.

The continued co-operation and support of the Ladies' Guild in the maintenance and efficient working of the Hospital, and in ministering to the wants of the patients, as well as by their most energetic and successful efforts to reduce the debt incurred by the building extension, has again placed the Committee under deep obligation.

THE LORD MAYOR'S SPEECH.

The LORD MAYOR moved that the report and accounts be adopted, and said first of all he should like, in the name of his wife and himself, to bid them a very hearty welcome to the Mansion House. By coming up there he was afraid they had sacrificed some little pleasure, because of late years it had been their custom to meet in the Hospital grounds. He was not quite certain whether that day would have afforded them exactly the right weather for such a meeting, although at the present moment an exchange to the grounds of the Hospital would perhaps be more agreeable than the atmosphere of the Mansion House, but they had been good enough to come there to meet his convenience, and he was very grateful to them. The Mansion House, they were glad to know, had this year been identified with the cause of homœopathy. That very successful meeting which they held in March last was still bearing fruit, and he hoped it would bear fruit for many a long year to come. Only that afternoon some cheques had been handed to him by Dr. Thomas from a friend at Bromley towards the National Fund that was being raised. The report before them that day referred to the sad loss which the Hospital sustained last year in the death of their old friend, Dr. Madden. It was his sad gratification to refer to that loss in speaking to them last year. It only remained for him to tell them that day that as a result of the collection, made in order to perpetuate the memory of Dr. Madden, a sufficient sum had been collected to endow a bed in the Hospital in perpetuity. They all rejoiced that that fund had been so easily obtained, and they were delighted to know that their late kind friend's memory would find a memorial in the Hospital which he did so much to start, and the work of which he loved so well. He had been looking through the report, and it seemed to him that it was by no means a sensational report. He could have wished that the meeting that afternoon in the Mansion House might have been signalized by a report which would be eminently satisfactory to all concerned. That was not quite the case. The Hospital, owing to the extensions recently made, required more funds than it ever did, and yet the income was on the decrease. Especially was that the case in connection with annual

subscriptions, and annual subscriptions were the very backbone of all hospitals. He had this year presided over a very large number of meetings of a kindred character to that gathering, and on each occasion he had found it necessary to draw the attention of the public to the need for annual subscriptions. It seemed very difficult to get people to agree to give annual subscriptions, and yet, after all, a small contribution year by year was really more satisfactory to the Committee of Management than an uncertain donation from time to time. What the Committee require was to be assured that what they were doing in the provision of care for the sick, and in the provision of all that was necessary for the administration of the Hospital would be paid for without any doubt. The Committee were expected from year to year to go on doing the work and yet the public did not show that desire to relieve the Committee from anxiety which they ought to show, and he would especially commend to the public of Bromley again the necessity for their annual subscriptions to the Phillips Memorial Hospital. That the money was well spent a glance at the report was sufficient to show. He found that the cost of food per patient was less than one shilling per day. It was a marvel to him how that low cost was maintained. Of course it was due to a certain extent to gifts in kind from friends, but it was especially due to the supervision of the ladies—and they thanked the ladies very much indeed for the care and attention to the details of purchase which, he was afraid, a mere man would not be equal to in regard to achieving such a result as they achieved. And the ladies generally of Bromley who had been good enough to serve on the Ladies' Committee equally deserved their thanks. Especially had they to thank the ladies for organizing that fête last year which resulted in the sum of over £400 for the Hospital. He must be an "Oliver," asking for more, that day, and they wanted another fête, if they could have it, next year. He believed it was generally understood that if they had a wet season one year they had a dry season the next. Therefore next year would be just the right year in which to hold another outside fête, and outside fêtes in the summer time were very popular. He must express regret, on behalf of the ladies of Bromley, that Mrs. Madden, owing to leaving the neighbourhood, had found it necessary to

resign her place on the Ladies' Committee. They could only bow to her decision, at the same time thanking her for the excellent work she had done for the Hospital in the past and her devotion to its cause.

Dr. BURFORD seconded, and the reports and accounts were adopted.

RE-ELECTION OF OFFICERS.

Mr. GRATY said he had been asked to move that the President, Committees, Medical Staff and other officers be re-elected for the ensuing year. They all knew perfectly well how faithfully the nurses, presided over by Miss Hyde, performed their duties. They were all deeply indebted to the medical officers, Dr. Thomas and Dr. Purdom, for their invaluable services, and to the Committee, who were always working most energetically for the good of the hospital; but they were still more fortunate, he considered, in their noble President, who had always been, if he might use the term, the backbone of the institution, and without him he was afraid they would often have been in sore straits.

Mr. HERBERT ROOM seconded the motion, which was carried unanimously.

The LORD MAYOR, in returning thanks, said he was very much obliged to them for having re-elected him as President of the Hospital, in which he should continue to take, as heretofore, a great interest.

Mr. WILLETT responded on behalf of the Committee, and said the Committee were very grateful to them for their expression of continued confidence in their labours. The Committee tried to work the Hospital on economical lines, and he thought they would find that the institution compared favourably in regard to its expenditure with other hospitals of equal calibre. The patients had a degree of comfort—he would not say of luxury—which very few of them would obtain even in their own homes. Everything was done which could be done to relieve the sense of misfortune and depression which must accompany the visit of a patient to the institution. The Committee were very anxious, as the Lord Mayor had pointed out, that there should be an increase in the annual subscriptions.

Miss TAPP on behalf of the Ladies' Committee returned thanks for the very kind way in which the Lord Mayor and others had spoken of the work they did for the Hospital. It was a great treat to them to work for the Hospital, and the Ladies' Guild helped them enormously. She was sure their kind reception by the Lord Mayor and Lady Mayoress at the Mansion House would make that day a red-letter day in the annals of the Hospital.

Dr. WYNNE THOMAS replied on behalf of the medical officers. He thanked the Lord Mayor for holding that meeting at the Mansion House. They all knew what a very busy life he had, and how very fully occupied his time was, and the fact that he was able to spare a few moments to preside at their meeting that day showed the deep interest which he took in the Hospital. Dr. Thomas referred to the irreparable loss which had been sustained by the death of Dr. Madden, and said at the end of last year he was fortunate in meeting his friend, Dr. Purdom, who was now assisting him in the work of the Hospital. He took that opportunity of thanking the consulting staff, especially Dr. Burford and Dr. Knox Shaw, for the kindness they had always shown to the Hospital in coming down whenever they had wanted their skilled assistance. He also thanked Miss Hyde and the nurses for the kind way in which they had carried out all the wishes of the medical staff. In conclusion, he referred to the great interest which the Lady Mayoress took in homœopathic nurses, and said it was entirely through her instrumentality that they had been recognized as Territorial staff nurses, and he was very glad to see that Miss Hyde, their Matron, had been elected on the Committee in connection with that movement.

Dr. DYCE-BROWN replied for the consulting staff, and said whenever they had been required they had always been delighted to do anything they could for the Hospital.

FAITHFUL SERVICES.

Mr. THOMAS BENNETT moved that a hearty vote of thanks be given to the Ladies' Guild and to those who had aided the funds by special efforts and collections or had contributed to the entertainment, comfort and consolation of the patients in various ways. He said the Ladies' Guild had certainly done

a great deal to smooth the path for him in getting the sinews of war together. He was sorry to say that for various reasons lately they had lost a number of valuable subscribers. Some had died, some had moved away from the neighbourhood, and some had reduced their subscriptions, so that with the increased expenditure of the Hospital due to the greater amount of work done it was a matter of considerable anxiety to the Committee to know how the expenses were to be met in the future. Therefore he would ask the Ladies' Guild seriously to consider whether they would make it a part of their help to induce friends to become annual subscribers. Mr. Bennett gratefully acknowledged the assistance which had been received from various football and quoit clubs.

Dr. BURFORD seconded, and said as a consulting physician to the Hospital he could speak with some personal knowledge and some critical judgment on the value of the institution. There was no surgical emergency and no medical crisis that could not at the Hospital be competently dealt with. The scientific equipment of the institution for curative purposes was, for its size, second to none, and with regard to the professional services given by Dr. Thomas and Dr. Purdon, he was perfectly certain that they could not put the physical interest of the sick poor in better hands.

Miss SIMPSON suitably replied on behalf of the Ladies' Guild.

THANKS TO THE LORD MAYOR.

Dr. DYCE-BROWN proposed a hearty vote of thanks to the Lord Mayor and Lady Mayoress for their kindness in inviting them to the Mansion House, and for their hospitality.

Dr. BURWOOD seconded, and said he wished his tongue was as the pen of a ready writer, as words failed him to express adequately what he personally and all there felt that afternoon. They all knew the support the Lord Mayor had given to all good objects, but they were especially proud for the very keen interest he had taken in homœopathy, by showing to the world he was not ashamed of his connections, nor of being known as an ardent homœopath. His year of office in that great city would ever be memorable to them as one in which as Lord Mayor of London he had made homœopathy "to hum." He was sure all there most gratefully acknowledged

the splendid efforts he had made by being the champion of their cause.

The LORD MAYOR, in reply, said he was exceedingly grateful for their kindness in passing that vote of thanks. It had given his wife and himself very great pleasure to receive them that afternoon. His wife, as they knew, was an ardent supporter of homœopathic principles, and she made up her mind that the nurses connected with the homœopathic hospitals should be recognized in connection with the Territorial Nursing Association. She would brook no opposition. In fact, she went so ably to work that there was no opposition. She carried her point directly, and he was very glad that Miss Hyde was amongst those nurses who had been appointed on the Committee. The Lord Mayor warmly thanked Miss Hyde for her continued devotion to her duties, and said he was very pleased indeed that she was with them that afternoon.

With this appropriate reply, the Lord Mayor concluded what was undoubtedly the most successful meeting ever held in connection with the Phillips Memorial Hospital.

THE NATIONAL HOMŒOPATHIC FUND.

DURING the present year homœopathy has, for the first time in its history, been fairly represented to the people of this country as a National asset. The secure ground on which its claim for support and further extension rests is that of proved value and utility to the State. It is at last recognized by an intelligent section of the laity that *public* interests are involved. The Lord Mayor of London, believing that a higher standard of efficiency in the treatment of disease will be attained by the utilization of the vast curative resources opened up by homœopathy, has had the courage and nobility of purpose to initiate a National movement with that end in view.

It is evident that whilst large sums of money are being lavished upon various new developments of medical science which are merely assumed to contain the promise and potency of curative measures, much useful work in similar directions has already been accomplished by homœopathy, and new

light has thus been thrown upon the possibilities of cure. Therefore it is abundantly clear that if a tithe of the funds and energy now absorbed by speculative methods were apportioned to the working out of the same problems on homœopathic lines, the results could not fail to be universally acknowledged as most important factors in developing the science of medicine.

The enterprise, however, is a large one, and will need the enthusiastic support and co-operation of all who would have this forward movement liberated from the conventions of ignorance and prejudice. United in the pursuit of truth and efficiency, those who look upon the Lord Mayor's great project as the hope of the future are resolved that in so far as their influence extends, curative knowledge shall derive the main elements of its growth openly from homœopathic sources, and not from the clandestine appropriation of such teaching as in the past. For it is demonstrable that one of the chief hindrances to the wider recognition of the value of homœopathy has been the absorption without fair acknowledgment of verities established solely by its scientific method. Moreover, the public, on whose support medical institutions depend, will now expect a fair field to be given to a method of treatment which has shown more favourable results than any other yet tested in practical work.

The scheme inaugurated by the Lord Mayor has already received the approval of those best qualified to judge of its merits and practicability, and its objects are so wide that it must of necessity commend itself to everyone interested in homœopathy. By the constitution of a capital fund of £100,000, which, it is hoped, will sooner or later be raised in response to the initiative of the Lord Mayor, what a splendid and abiding impetus would be given to British homœopathy. The special aim and object of the Lord Mayor's Fund is to make homœopathy a great cause, taking up National responsibility, doing National work, and gaining National recognition. To achieve that great end a concentrated effort is needed, and hence the clear call for all of us to support the Lord Mayor of London in the cause he has espoused, and to leave no stone unturned to secure the capital sum of £100,000 for his noble project. When we observe the princely donations which are

forthcoming for other medical enterprises of less real importance to the community, we are not left in doubt as to the sympathies of the British people for what is proved to be a far-reaching beneficent agency.

Among the objects which are embraced in the scope of the National Homœopathic Fund, a foremost place must be given to :—

(1) A Central Building in London, where the varied activities of the scheme could be carried on under one roof. That such a habitation is extremely important will at once be obvious, for there is, assuredly, no propaganda like that of bricks and mortar. The building would contain well-equipped laboratories for research work, rooms for academic lectures, a library and museum, in addition to reading and writing rooms. The institute thus sketched would, in fact, be, as apart from the hospital, the official headquarters of British homœopathy, and the central source whence would emanate fertilizing streams to all parts of the kingdom. After the initial cost of this Central Institute had been covered by sums put by every alternate year from the income of the Fund, a yearly amount could be assigned for its upkeep, and for the salaries of the professors and assistants engaged therein.

(2) *Provision for Homœopathic Medical Education.*—The systematic teaching of the subject technically being essential to the progress of homœopathy, an organization for this purpose would consist of Lectureships, Scholarships, and Tutorships for clinical demonstration in the hospital wards. It is clear that if such educational facilities were available, many recent graduates, open-minded enough to investigate homœopathy on scientific grounds, would thus have the means at their disposal; and by this organization we might confidently expect that the present lack of practitioners would ere long be less manifest.

(3) *Furtherance of Clinical Institutions by Subsidies.*—In the provincial towns and rural districts especially new enterprises in homœopathic charitable work, now inadequately supported, might be tided over the difficulties inherent in starting fresh institutions until they became well established and independent of any central aid. By such means there can be no doubt that charitable effort in conjunction with homœopathy would

greatly tend to awaken and increase public interest in the cause.

(4) *Subvention by Loans to Medical Men entering into Homœopathic Practice.*—When we take into consideration the various handicaps which are apt to deter young practitioners from taking up work without some sort of guarantee that for the commencing few years they will be able to earn a living, it is obvious that the first step in homœopathic practice would be rendered more secure if the National Homœopathic Fund could advance, under approved conditions, such amounts as deemed sufficient to give young practitioners an assured footing until they were in a position to stand alone and gradually refund the money thus supplied. This highly practical method of overcoming a difficulty which often occurs would do more to extend homœopathy than almost any other factor in the new movement, especially when concurrently with each new personal settlement a dispensary or similar public institution were founded as a necessary part of the local enterprize.

(5) *Propagandism by Literature and Public Lectures.*—There can be no doubt that by far the majority of people are quite ignorant of homœopathy. Whilst the subject is to a large extent a technical one, yet its practical aspects are capable of being set forth so that he who runs may read. It is clear, therefore, that education on popular lines is what is really needed to bring the importance of the question home to the community. In the pioneer days of homœopathy in this country, public lectures were found to be most efficient propaganda, and there is no reason to doubt that the same means would be equally successful now if carried out in the right way.

(6) *Research.*—The scientific position of homœopathy would be rendered yet more unassailable if it were possible to demonstrate experimentally the active nature of the attenuated medicinal substances which have long proved so efficacious clinically, for hostile critics would not be able to question phenomena or effects demonstrable by the usual methods of the laboratory. In order to carry out such work efficiently it is obvious that well-equipped laboratories and trained investigators would be required. In addition there would indubitably follow research work having a direct bearing upon

the cure of disease. For example, all over the world at the present time the problem of absorbing interest and urgent importance is that of cancer and remedial measures in connection therewith ; and from what has already been achieved by homœopathic methods, there can be no doubt in the minds of all who are acquainted with the facts that in this direction more than in any other the prospect is hopeful. When we reflect on the appalling proportion of the human race affected by this devastating scourge, it will assuredly be clear that to no more beneficial cause could philanthropic effort be directed.

For these manifold purposes, charged with substantial benefit to the human race, extensive financial support by donation, subscription, or bequest is insistently required. He doubles his gift who gives at once.

*Chalmer's House,
43, Russell Square,
London, W.C.*

Hospital and Provincial News.

. The Editors request that all correspondents will kindly condense their reports as much as possible, consistent with a smooth and effective rendering of the facts they wish to convey. Items of *merely local* interest should be omitted.

As there seems to be some misunderstanding in regard to this division we would point out that this section is reserved for :

News, reports of meetings, &c., which must be compressed into one, or at the most two, paragraphs of not more than ten or twelve printed lines.

Newspaper reports, *unabridged*, need not be sent. Such reports must be condensed as above, otherwise they will not be inserted.

MANCHESTER HOMŒOPATHIC INSTITUTION AND DISPENSARY.

THE total number of patients during the year was 2,632, an increase of 299 upon the previous year (1907). Of these, 1,620 were visited at their own homes, an increase of 20 over 1907. At the close of the year, 288 patients remained under treatment, or 80 more than in 1907. The total attendance at the Dispensary for the year was 14,676.

One hundred and seventy-two "Recommends" were given by subscribers to patients unable to pay the small monthly subscription, an increase on the previous year of 70. As some evidence of the value attached to homœopathic treatment by persons outside the Manchester boundary, it may be noted that 850 letters, containing medicine in powder form, were issued to patients unable to come to the Dispensary.

Fourteen deaths were recorded during the year from the following causes: 3, senile decay; 2, phthisis pulmonalis; 1, atrophic cirrhosis of liver; 1, chronic cystitis; 1, carcinoma of rectum; 3, cardiac valvular disease; 1, gastric ulcer; 1, bronchitis and heart disease; and 1, apoplexy.

The subscriptions from subscribers as well as patients show a small advance upon last year, although, owing to the happy position of the Homœopathic Institution being the only public Dispensary in this city able to show a credit balance at the close of the year, former annual grants from the "Hospital Sunday and Saturday Fund" have been discontinued by the Committee of that Fund.

Arising from our success, however, one disadvantage is seen in the withholding of their annual subscription by some of our friends, who have expressed a wish to retain their usual gift until the day of adversity dawns!

It is with sincere regret that we record the death of Mr. George Moir-Byres, our late respected Honorary Treasurer. In removing his name from the list of office-bearers, the Committee recorded their appreciation of the service rendered by Mr. Moir-Byres, who "for many years had discharged the duties of Honorary Treasurer to the satisfaction of the Committee and to the advantage of the Institution." To the gratification of the Committee, Mr. John Moir has kindly accepted the office of Honorary Treasurer.

SOUTHPORT HOMŒOPATHIC DISPENSARY.

THE usefulness of the above Institution has continued to increase during the current year, the attendances having exceeded the comfortable accommodation of the same; and this, in spite of additional rooms having been opened at the

urgent request of patients residing in a distant part of the town.

The attendances at the Dispensary from *January 1 to September 11* of this year have already exceeded 3,350, whilst the attendances for the *entire twelve months of 1908* totalled only 3,346, which had in their turn been an increase of 23 per cent. on the attendances of 1907. It is thus obvious that the patients recognize the value of the treatment which they get. They are, moreover, always ready to contribute as far as they are able towards the cost of their treatment.

(The reputation of the Dispensary and its doctors is also attracting people from more distant parts of Lancashire and of Yorkshire to stay here for the sake of treatment.)

The Southport Cottage Hospital is approaching its completion, and the Committee hopes to see it ready for occupation by the end of the year. The building is in every way satisfactory, and the Committee has no hesitation in appealing to all who are interested in homœopathy, and to the much larger public to whom the health of the community is of supreme importance, to contribute as liberally as possible to the building fund, so that the debt of nearly £3,000 may be wiped out before the Hospital is opened.

Obituary.

HENRY WHEELER, M.R.C.S.ENG., L.R.C.P.LOND.

WE announce with much regret the death of Dr. Henry Wheeler, which took place on September 12, at Hazeldene, Christchurch Road, Eaton, Norwich.

Dr. Wheeler was one of our oldest practitioners, being born at Clifton in 1836. When a youth he went to Edinburgh, where he became an assistant in a homœopathic chemist's shop, his elder brother being in a similar position in Bristol, where he remained all his life. Dr. Wheeler, however, had an ambition for higher things, and by dint of indomitable perseverance and industry, aided by the kindness of his employer, who allowed him the necessary time and facilities,

he studied medicine while still doing his shop duties. He worked to such purpose that he took his M.R.C.S.Eng. in 1860, at the age of 24, and in the following year obtained the diploma of L.R.C.P.Lond. Soon after this he married, and at once emigrated to Adelaide, South Australia. He was the first homœopathic practitioner ever established there, and he rapidly acquired a large and successful practice. In 1870 he returned to England and succeeded Dr. Metcalfe in his practice in Lower Clapton. He practised there and in Upper Clapton for nineteen years, till 1889, and again very successfully; but then, mainly on account of his wife's health, he returned to Australia, settling this time in Melbourne, where he remained five years, carrying on medical practice and being engaged on the staff of the hospital there. He then returned to England and gave up general practice. He, however, could not be idle, and did much *locum-tenens* work. Six years ago he settled in Norwich and helped Dr. E. B. Roche in his practice there, but retired altogether two years ago.

Dr. Wheeler was a keen homœopath and a thoroughly good all-round practitioner. He was very successful wherever he went, rapidly winning his way into the confidence of his patients, and acquiring a large practice. His straightforwardness, genial manners, and *bonhomie* won him many friends. He was not a large contributor to our literature, but edited, with additions, Dr. Yeldham's *Treatise on Venereal Diseases*. He belonged to Dr. Yeldham's school, confining himself almost entirely to the lower dilutions and triturations. Outside his profession his chief pleasures were derived from pictures and music, and he was always a great traveller. He leaves behind him his talented and distinguished son, Dr. C. E. Wheeler, who is doing such good work on behalf of homœopathy.

Therapeutic Digest.

CALC. IOD. IN A CASE OF PSORIASIS.—Dr. E. R. McIntyre relates the following case: A woman, aged 44, rather short and weighing about 190 lb., with brown hair, grey eyes, of pronounced lymphatic temperament, and the mother of one child, came with an eruption on her legs below the knees, which had been present a long time and for which she had consulted many doctors. The eruption consisted of several irregular patches of scarlet-red colour, covered by thin, loose, white scales, and having well-defined margins bounded abruptly by healthy skin. The places were not sensitive to touch, and there was little itching or other discomfort except when the patient was perspiring, when there would be some burning. When the scales were removed an angry-looking, red, dry surface was revealed. Local treatment had at one time caused improvement, but other places then came out about the hips and at the margin of the hair on the nape of the neck. There were several large indurated glands in the neck. The hair was harsh and dry, the muscles flabby, the stools light-coloured and soft, the menses profuse, occasionally delayed, sometimes premature. Easily tired out from exertion; likes cool air and feels worse from heat. All the constitutional symptoms indicated calcarea, except the disliking the cold and feeling worse from heat. As this is a symptom of iodine, the *iodide of lime* was chosen as the remedy and *calc. iod.* prescribed (potency not given) with extremely satisfactory result.—*Homœopathic Recorder*, January, 1909.

Reviews of Books.

The Unknown Life and Works of Dr. Francis Joseph Gall. By Bernard Hollander, M.D.; being an inaugural address delivered before the Gall Society, on May 15, 1909. Siegel Hill and Co., 2, Langham Place, London, W. Price 1s. post free.

The object of this pamphlet is to rehabilitate Gall in the estimation of the medical profession and the public as a notable discoverer and pioneer in the anatomy and physiology of the brain and nervous system. Gall was born in Baden in

1758, and took his medical degree at Vienna in 1785. He was to have been appointed physician to the Emperor Francis I., but declined the honour. In 1798 he made the first announcement of his discoveries. The catholic clergy stirred up much opposition to his lectures on account of their supposed materialistic tendency, and Gall left Austria and made a tour through the different German schools and universities, lecturing on the anatomy of the brain and nervous system. Amongst his pupils were Loder and Reil, the latter of them writing in 1805, after attending Gall's demonstrations at Halle: "I have seen in the anatomical demonstrations made by Gall more than I thought a man could discover in his whole lifetime." In Berlin he lectured before the King and Queen, and the King's physician, the famous Hufeland, became his friend and had a medal struck in honour of his visit and discoveries. He finally settled in Paris in 1807, and died there in 1828. He was buried in Père Lachaise Cemetery, where a monument was erected, which has recently been renovated. Gall, though he met with a good deal of encouragement, also experienced very great opposition from the medical profession, and his discoveries being in advance of his time and, therefore, misunderstood by the majority, he shared the usual fate of pioneers in being subjected to obloquy and misrepresentation. His discoveries, were, however, very noteworthy. He was the first to demonstrate the successive development of the different parts of the nervous system, to trace the origin of the nerve bundles from the gray matter, to show the true origin of the optic nerve in the anterior part of the corpora quadrigemina, as well as the origin of the other cranial nerves, to establish the certainty of the decussation of the pyramids, to describe the formation and development of the brain in the foetus, the structure and formation of the corpus callosum, and the portion of brain within the fissure of Sylvius and resting on the corpus striatum which he describes as the insula, and is now known as the Island of Reil (Reil attended the demonstrations of Gall).

Loder, one of the greatest anatomists of Gall's time, wrote: "Now that Gall has been at Halle, and I have had an opportunity, not only of listening to his lectures, but also of dissecting with him, either alone or in company with Reil, and several

others, I think I am able and entitled to pronounce my opinion of his doctrines. The discoveries in the brain made by Gall are of the highest importance. Many of them possess such a degree of evidence that I cannot conceive how anyone with good eyes can mistake them. I refer to the passage of the nerve fibres in the corpora pyramidalia, and thence into the crura, corpora striata, and hemispheres, the bundles of the spinal marrow, the origin of the motor nerves of the eyes, the trigeminal nerves, those of the sixth pair of nerves, &c. These discoveries alone would be sufficient to render the name of Gall immortal. . . . I acknowledge with Reil that I have found in Dr. Gall more than I believed it possible for a man to discover in a lifetime. The unfolding of the convolutions is a capital thing. What have we not the right to expect from further progress in a route thus opened ! I am ashamed of myself for having, like others, for thirty years cut up some hundreds of brains, as we slice up cheese, and not perceived the forest by reason of the great number of trees."

Gall's great work was published in French between the years 1809 and 1820. It is entitled "Researches in the Nervous System in general, and the Brain in particular." It is a large work and cost so much money in its preparation, which included many magnificent plates, that the publishers had to fix the selling price of the four volumes and the book of illustrations at £40. This is no doubt one reason why Gall has been so little read, and the interested reports of his enemies with regard to him have been so little corrected by a reference to his own writings. He was urged to write a more popular work, but replied that he wrote "for the learned only and for posterity; writing for popularity he would leave to others." The doctrine promulgated by him which is best known is that which associates mental and emotional qualities with the shape of the skull. This has been much ridiculed. But Gall left on record a series of observations which he considered justified him in associating the manifestations of a number of brain functions with different localities or centres of the brain. He was the first to assert the plurality of the functions of the brain, and to point out the mental activities connected with particular areas. Modern brain physiology entirely supports his theories in this respect. He further contended that the

skull and brain develop together, and are moulded to one another so that, for all practical purposes, the skull is an index to the shape of the brain. Modern professors of anatomy admit this also, for instance, Professor Symington, Lecturer on Anatomy, Belfast University, says: "There can be no doubt but that within certain limits the external form of the cranium serves as a reliable guide to the shape of the brain. Indeed, various observers have drawn attention to the fact that in certain regions the outer surface of the skull possesses elevations and depressions which closely correspond to definite fissures and convolutions of the brain"; and the late Professor Cunningham, Lecturer on Anatomy, Edinburgh University, says: "The cranium expands according to the demands made upon it by the growing brain."

The step from these conclusions to the inference that character and mental characteristics can be known from the shape of the skull is a short one and deserving of careful examination. Gall, as we know, mapped out the whole of the skull-cap into areas corresponding to mental functions. How far he is accurate in his delineations we do not know, and shall not know till the subject has been made one of systematic study; but modern anthropologists agree that there is a general correspondence between the shape of the cranium and the character and capacity of its possessor, and Dr. Maudsley in his descriptions of a noble and a brutal head gives indications as to shape which accord with Gall's localization.

It is not improbable that further research may show that Gall's areas are, to a very large extent, correct.

It is interesting to us to note the similarity between Gall and Hahnemann. Both were contemporaries who were born in Germany, and died and were buried in Paris. Both were driven by persecution from their first spheres of practice. They were both eminent for learning, and for patient and industrious research in new fields of enquiry, and both made discoveries too far in advance of their times to be generally accepted, but which after a hundred years of neglect are now receiving justification from the latest scientific discoveries. Of the two Gall has been the more unfortunate, for Hahnemann has never failed to have a considerable and ever increasing body of enthusiastic adherents amongst the medical

profession, while Gall has been treated with almost total neglect by them, and the promulgation of his special doctrine has been left in the hands of the ignoramus and the charlatan. Both, however, seem likely before long to receive the recognition due to their genius and their discoveries. We have quoted largely from Dr. Bernard Hollander's address in this review and consider that he is doing a useful work in calling the attention of the profession to Gall's life and works

Notices, Reports, &c.

THE BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

SUBSCRIPTIONS and Donations received from August 15 to September 15, 1909:—

| GENERAL FUND. | | | | | Subscriptions. | Donations. |
|----------------------|-----|-----|-----|-----|----------------|------------|
| | | | | | £ s. d. | £ s. d. |
| Miss Burney ... | ... | ... | ... | ... | 1 1 0 | — |
| Dr. F. H. Bodman ... | ... | ... | ... | ... | 1 1 0 | — |
| Dr. Burwood ... | ... | ... | ... | ... | — | 5 5 0 |
| Dr. T. E. Purdom ... | ... | ... | ... | ... | 1 1 0 | — |

Dr. J. H. Clarke has kindly presented the Association with a valuable gift of books for the Tate Library.

A meeting of the Executive Committee was held at Chalmers House on Wednesday, September 8.

[LADIES' BRANCH.]

KENLEY STREET DISPENSARY.

THE work at the Kenley Street Dispensary has not suffered from its compulsory change of quarters, the attendances for August being 149 (73 patients). This is a remarkably good result for August, as so many of the class from which we draw our patients go hopping and harvesting. The September numbers will certainly reach 200, and the winter attendances bid fair to be very large.

We are undoubtedly appreciated in this district, and it is to be hoped that we shall not have to give up our work for want of financial support.

A small drawing-room sale of work in aid of the funds will be held in November or December, further notice of which will duly appear.

Patients from August 1 to September 1, 73; attendances, 149.

THE NATIONAL HOMŒOPATHIC FUND.

| | | | | Subscriptions. | | | Donations. | | |
|------------------------|-----|-----|-----|----------------|-----|----|------------|----|----|
| | | | | £ | s. | d. | £ | s. | d. |
| The Misses Aspinall... | ... | ... | ... | — | ... | 0 | 10 | 0 | |
| Mrs. Willcox | ... | ... | ... | — | ... | 0 | 10 | 0 | |

IN MEMORIAM.

To the life laid down for those she served could most fittingly be applied the old monumental inscription

"After busie laboure commith victorious reste."

Sister Laura Davies, of the Children's Sanatorium (for consumption) at Holt, Norfolk, passed to her rest on Sunday, August 15. To within a few days of her death she was about her faithful work. There for over three years she had given her best to helping her matron in the institution of a new work—following after her ten years' service in the Children's ward of the London Homœopathic Hospital. Gifted with an innate fondness for children she possessed also excellent administrative and methodical abilities, gifts which helped largely to the successful results which have been obtained.

To those associated with her in her labours, to those she laboured for—the children—and to the committee of the Sanatorium, her loss is indeed great. There is little doubt but that her activity in promoting the happiness of the children in a visit to the seashore overtaxed a strength weakened by a severe recent illness contracted in her work, and so she may be truly said to have died at her post.

She was buried in Kelling churchyard on August 18. It is felt that there could be no more fitting memorial of Laura Davies than the provision of a bed bearing her name in the intended new building.

T. H. W.

NOTICE TO CORRESPONDENTS.

. *We cannot undertake to return rejected manuscripts.*

All MSS. should be in the hands of the Senior Editor by the 15th of the month at the latest.

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same **as early as possible** to Dr. MCLACHLAN, 3, Keble Road, Oxford.

The Editors of Journals which exchange with us are requested to send their exchanges to Messrs. BALE, SONS AND DANIELSSON, LTD., 83-91, Great Titchfield Street, Oxford Street, London, W.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: **MEDICAL**, In-patients, 9.30 a.m.; Out-patients, 2 p.m. daily; **SURGICAL**, Out-patients, Mondays, 2 p.m., and Saturdays, 9 a.m.; Thursdays and Fridays, 10 a.m.; Diseases of Women, Out-patients, Tuesdays, Wednesdays, and Fridays, 2 p.m.; Diseases of Skin, Thursdays, 2 p.m.; Diseases of the Eye, Mondays and Thursdays, 2 p.m.; Diseases of the Throat and Ear, Wednesdays, 2 p.m., Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9 a.m.; Diseases of the Nervous System, Thursdays, 2 p.m.; Operations, Tuesdays and Fridays, 2.30 p.m.; Electrical Cases, Wednesdays, 9 a.m.

Contributors of papers who wish to have reprints are requested to communicate with the Publishers, Messrs. BALE, SONS AND DANIELSSON, LTD., who will make the necessary arrangements. Should the Publishers receive no such request by the date of the publication of the REVIEW, the type will be broken up.

All books for Review should be sent to the Publishers.

Papers and Dispensary Reports should be sent to Dr. MCLACHLAN, 3, Keble Road, Oxford.

Advertisement and Business Communications to be sent direct to the Publishers.

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMOEOPATHIC REVIEW.

NOVEMBER, 1909.

Editorial Notes and News.

*. The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

Infantile Atrophy and Duodenal Ulcer. DUODENAL ulcer is supposed to be rare in infancy, except as one of the causes of *melæna neonatorum*. With this exception, the writer (Helmholz, in *Deutsch. med. Woch.*) has found only five published cases in infants under a year. The etiology in these cases is assumed to be the same as in adults, viz., thrombosis. Helmholz shows that duodenal ulcers in infants more than a few days old are not uncommon; and that duodenal ulceration is so frequently combined with infantile atrophy as to indicate a pathogenic relation. Duodenal ulcer has been previously described in atrophic infants, but the connection between the two was either not recognized, or the inanition was ascribed to spastic pyloric stenosis as the result of the ulcer. Helmholz thinks it is the atrophic conditions that lead to the formation of the ulcer. The most common site is the first part of the duodenum on the posterior wall immediately below the pylorus, but they may occur anywhere between the pylorus and the ampulla of Vater. A definite diagnosis of the ulcer is only possible if peritonitis or hæmorrhagic stools occur.

Chilblains.

COURTIN, of Bordeaux, introduced a method of treating chilblains by peroxide of hydrogen. Dr. E. Mansel Sympson (*British Medical Journal*) has used this treatment with almost unvarying success. The patient bathes the affected parts in the peroxide (10-volume strength), diluted with equal parts of previously boiled water, still hot, for fifteen or twenty minutes, twice daily. This treatment can be carried out even if the chilblains are cracked and ulcerated, though the strength of the peroxide should be diminished if much pain or irritation is produced. Usually in the course of two or three days a cure is effected.

* * * *

Antimony in the Old School.

DR. EUSTACE SMITH pleads for a rehabilitation of antimony into the working pharmacopœia of the general practitioner. Antimony has fallen into discredit on account of the depression which accompanies the administration of large doses. Its use in this way was associated with the antiphlogistic method of treatment of fevers and inflammatory conditions, and with the abandonment of this method antimony has shared a like fate. Dr. Eustace Smith claims that antimony *in small doses* is a drug of the utmost value, and that in catarrhal states of the mucous membrane it has never been dislodged from its eminence by later substitutes. He is of opinion that the younger generation of medical practitioners have been led into erroneous methods of treatment of bronchitis by giving in the earlier stages a combination of stimulating and antispasmodic drugs, such as ammonia, squill, and paregoric, which are calculated to make the cough harder and the chest tighter, and to aggravate the discomfort of the patient. These drugs should be reserved for the later stage of the disease, when the cough is loose, with a free secretion of mucus. In the early stages Dr. Smith advises a combination of vinum antimoniale in small doses, with diaphoretics such as acetate of ammonia and nitrate of potash. In bronchopneumonia of children he finds antimony also of great value combined with belladonna. There are several other conditions, such as laryngismus stridulus, gastric disorders, and eczema, in which he finds the drug useful. Drugs have

fashions, and there is no doubt that in recent years antimony has been out of fashion and its therapeutic value has probably been much under-valued.

Dr. Eustace Smith is, to a great extent, quite right, and the success he finds with the use of antimony is because it is more or less homœopathic to the conditions for which he uses it. It has two great uses in bronchitis and bronchopneumonia : (1) In the very early stage, when it will often nip the whole disease in the bud ; (2) in the later stage when the cough is loose and there is a free secretion of mucus, with threatening "paralysis of the lung"—or rather of the expiratory muscles—taking the place of "ammonia, squill, and paregoric." Having no law of cure, it follows as a matter of course that "drugs have fashions"; and as the doses are written in the laws of the Medes and Persians, and therefore alter not, the use of valuable drugs like antimony is sure to be hampered.

* * * *

Lymphatic Glands and Spleen in Disease.

THERE is a whole series of cases, differing from one another mainly in their relative acuteness or chronicity, but also in the extent to which the spleen is affected more than the lymphatic glands, or *vice versa* : and although there is some evidence to show that these cases all constitute members of the same main disease, there are different names given to certain chief types of the complaint. If there is general enlargement of the lymphatic glands throughout the body, little or no enlargement of the spleen, no special blood changes, and a rapidly fatal ending, the condition is termed *lymphosarcoma*. If the lymphatic glands, either in one locality only or throughout the body, show great enlargement, without obvious affection of the spleen, no special blood changes, and a relatively benign course, the disease is styled *lymphadenoma*. The type of the complaint which is termed *Hodgkin's disease* is characterized by enlargement of lymphatic glands, progressive anæmia, and enlargement of the spleen and liver. The course is occasionally acute, but more often it is chronic; nearly always the course is slowly but surely towards death.

Note four diagnostic "tips" :—

(1) Big spleen, big glands, great lymphocytosis = lymphatic leucæmia.

(2) Big spleen, big glands, no lymphocytosis = Hodgkin's disease.

(3) Huge spleen, no big glands, great leucocytosis with myelocytes = spleno-medullary leucæmia.

(4) Big spleen, no big glands, no leucocytosis = splenic anæmia; which often turns out to be an initial stage of cirrhosis of the liver = Banti's disease.

* * * *

Hereditary Diseases. — CERTAIN special forms of nerve diseases — more particularly the myopathies — are markedly hereditary. One might specially mention hereditary ataxy (Friedreich's

disease), Marie's ataxia, Déjerine's facial paralysis, Thomsen's disease, Huntingdon's chorea, congenital optic atrophy, and night-blindness. Some of these diseases have been traced through as many as five generations, and the incidence is sometimes strikingly in accordance with Mendel's "Law of Heredity." Another interesting group is that of sex-limited diseases manifesting a maternal heredity. It includes pseudo-hypertrophic paralysis, colour-blindness, hæmophilia, and hereditary optic atrophy. In the case of pseudo-hypertrophic paralysis, for instance, the males alone exhibit the disease in a typical form; the heredity is maternal only, the affection never being transmitted by the father. The female children escape—but they inherit the tendency, or some of them do—and may transmit the disease to their sons.

Colour-blindness is found to be a "dominant" character in males, and "recessive" in females. A female will not be colour-blind, as Professor Bateson points out, unless she has had two doses of colour-blindness, one from each of her parents. The colour-blind female must have had a colour-blind father, and all her sons will be colour-blind. The male who is not colour-blind cannot pass it on, but the male who is colour-blind can pass it on, and on an average half his sons will be colour-blind and half his daughters will be able to transmit the condition.

Diabetes insipidus, tylosis palmaris, polydactylism, hay fever, congenital asthma, congenital cataract, baldness, and albinism are also hereditary.

Peri-renal Suppuration. THIS may arise from disease of the kidney itself, *e.g.*, from calculous pyo-nephrosis. In such a case blood and pus will have been found in the urine, and the presence of a stone may already have been demonstrated by means of the X-rays.

But there are a number of other conditions, starting in organs remote from the kidney itself, which may give rise to a peri-renal abscess: (1) Suppuration in connection with an appendix that lies behind the cæcum; (2) a gastric ulcer may slowly leak and form a peri-gastric abscess, which may spread to the peri-renal tissues; (3) an abscess in connection with malignant disease of the ascending or descending colon may do the same thing; (4) an empyema may make its way through the diaphragm; or (5) a parametric abscess may spread up behind the posterior layer of the broad ligament and give rise to peri-renal suppuration. Two *symptoms* are very suggestive of peri-renal abscess: (1) Flexion of the leg on the affected side due to irritation and contraction of the psoas muscle, which lies directly behind the kidney; (2) oedema of the loin and of the corresponding leg—from pressure on or thrombosis of the common iliac vein. Oedema of the loin is a *positive* indication of the presence of pus.

* * * *

Subjective Colours and Drugs.

MOST cases of subjective colour vision due to drugs escaped notice until recent years. The phenomena may now be classified as follows: *Violet vision* produced by Indian hemp (*Cannabis indica*) and by toadstools; *blue* by alcohol; *red* by *atropine*, *duboisine*, and *scopolamine* (three alkaloids much used by oculists), and by excessive use of tobacco and quinine; *yellow* by *picric* and *salicylic acids*, *digitalis* and *phenacetin*, the external application of *chromic acid* and *iodoform*, the inhalation of *carbon monoxide*, snake-bites, and abuse of tobacco. Mescal, the Mexican beverage obtained from *Anhalonium lewinii*, produces *polychrome spectra*. No substance which causes the sensation of green has yet been discovered.—*Scientific American*.

If the *Scientific American* would consult Allen's *Encyclopædia of Pure Materia Medica*, it would find that there are substances

producing green, and it would further be able to considerably extend the above list.

* * * *

The Daylight Saving Bill. WE notice that the report and special report from the Select Committee on the Daylight Saving Bill have been issued as a Parliamentary Paper. The report states that

"having regard to the great diversity of opinion existing upon the proposals of the Bill, and to the grave doubts which have been expressed as to whether the objects of the measure can be attained by legislation without giving rise, in cases involving important interests, to serious inconvenience, your Committee recommend that the Bill be not further proceeded with.

"Your Committee, however, desire to record their appreciation of the efforts of those connected with the movement, and particularly those of Mr. W. Willett, since owing to these efforts the hours of beginning and leaving off work have already been advanced in many cases."

* * * *

Is Cancer an Infective Disease?

A VERY decided answer in the negative is given to this question by Dr. Bashford in his address on "Cancer in Man and Animals," delivered before a General Meeting of the Sixteenth International Congress, Buda-Pesth. He says that "the comparative and experimental work of the past seven years has demonstrated that cancer has no analogy with any known form of infective disease. Many tens of thousands of mice suffering from cancer have been under the most stringent observation in our laboratory. If cancer were communicable, animals housed along with those naturally suffering from, or inoculated with, cancer would be the first to suffer. In an experience extending over more than six years—i.e., more than three times the average length of a mouse's life—exhaustive investigation, during which 200,000 mice have been inoculated, has shown that this risk does not exist. Those handling the animals incur still less risk in passing many hours daily dealing with cancerous animals in a room in which 10,000 of such mice and rats are usually housed at one time. If such a cancer house as never before existed has no dangers to human beings who spend their days in it, *a fortiori* other persons have no

ground for apprehension that the ubiquity of cancer implies its transmission either directly or indirectly from animals to man, or *vice versa*. In corresponding observations on mice suffering from spontaneous cancer, no case of transference from mouse to mouse has occurred. Cancer is ubiquitous, yet there are the most striking limitations to its conveyance from one individual to another, continued growth taking place after inoculation into animals of the same species only. Inoculation is only successful by the implantation of living cells, but experiment shows that this risk is negligible if it exists at all in Nature." If this is true, and no one could make the statement with so much authority as Dr. Bashford, it disposes of the theory that cancer has a parasitic origin.

* * * *

DR. ROLLESTON contributes a paper on
Hæmorrhagic Diphtheria. "Hæmorrhagic Diphtheria" to the Metropolitan Asylums Board Report for 1908.

Seventy-eight such cases occurred out of 1,550 cases of diphtheria. The mortality reached 83·3 per cent. All those who recovered had diphtheritic paralysis. The recovery of the 17 per cent. that survived is attributed to large doses of antitoxin. It has been a matter of surprise to us that no allopath has yet discovered the value of the snake poisons in the treatment of diphtheria. *Lachesis* and *crotalus*, especially the former, have been most successfully used by homœopaths for twenty years and more, and many cases have been recorded in our journals. Indeed, *lachesis* and *mercurius cyanatus* are the two medicines most frequently used by us in treating diphtheria. Surely the "discovery" will not be much longer delayed. We notice that the *Lancet*, in commenting on Dr. Rolleston's paper, draws attention to the fact that all the hæmorrhagic cases that recovered had attacks of paralysis which, says the writer, "seems to suggest that there may be one and the same poison at work in the production of hæmorrhage and the neural lesion," and he goes on to mention "the close connection that sometimes exists between hæmolysis and hæmorrhage, as in the case of snake venom." He might also have noted that snake venom is not only a hæmolytic but a neurotoxic substance, and therefore an exact similar in those respects to the poison he suggests may be present in diphtheria.

It is a short step from this to the hypothesis that the hæmolytic and neurotoxic poison in snake venom would be usefully employed in treating the effects of the similar poison in diphtheria. Perhaps the step is too short, and it is the *homœopathic* step; he may be looking round for one that he may think more *scientific*.

* * * *

**Diphtheria
Antitoxin.**

At the meeting of the Section of Hygiene and Public Health at the Annual Meeting of the British Medical Association in Belfast, there was a discussion on the latent infections of the diphtheria bacillus. We notice that it was generally agreed that the administration of antitoxin has no influence on the duration of the lodgment of the diphtheria bacillus in the throat, and that it has no influence on the length of infectivity. This confirms one's opinion that antitoxin acts solely as an antidote to the poison manufactured by the bacilli locally and thence absorbed into the blood, and does not influence the bacilli themselves. By neutralizing the poison it prevents the system from being overwhelmed by it and gives time for the natural protective forces to assert themselves. The action of antitoxin therefore differs altogether from that of a vaccine, and resembles rather that of a chemical antidote. In view of this fact the suggestion of one of the speakers that antitoxin should be given mixed with peppermint water by the mouth as a prophylactic seems very futile.

* * * *

**Pressor Bases
in the Urine.**

A GOOD deal of experimental work has been done lately for the purpose of determining the cause of high arterial tension in gout, kidney diseases, and arterio-sclerosis. The work has been in the direction of endeavouring to discover if there is any substance present in the blood in these conditions the effect of which is to raise the blood-pressure. Abelous and his colleagues have found that a base can be obtained from putrid horseflesh which, when injected intravenously, will raise the blood-pressure. This naturally suggests that the products of the putrefaction of food in the intestinal canal may, when absorbed, have a similar function. To discover whether the blood contains such substances Dr. William Bain has been

making experiments with normal and gouty urine, and has sent to the *Lancet* from the Physiological Laboratory of King's College, London, the result of his researches. He has succeeded in isolating from normal urine two bases, the same as those found by Abelous in putrid horseflesh; one of these, iso-amylamine, is formed from leucin, and the other, p-hydroxy-phenylethylamine, is derived from tyrosine. As both leucin and tyrosine exist as the products of decomposition in the intestinal canal, they are no doubt the sources of the two bases found in normal urine. Both these bases, when injected intravenously into a pithed cat, produced an immediate and marked rise in the carotid blood-pressure. On examining the urine of gouty patients none of the first pressor base could be isolated and but very small quantities of the second, and this, when subcutaneously injected, caused but a slight rise in the arterial tension. The conclusion come to is that in gouty patients there is a retention in the blood of the pressor bases, which are not eliminated by the kidneys in the usual manner in the gouty condition. As Dr. Bain further shows that gouty kidneys have no difficulty in excreting sodium chloride, the ability to do which is usually taken as an indication of normal functioning, there must be some influence causing the retention of the pressor bases in gout other than defective kidney capacity.

* * * *

**The Cure of
a Cold.**

THERE is nothing that so exposes the helplessness of modern medical treatment as its utter inability to cure this commonest and most provoking of minor ailments. Mr. Shackleton, of South Polar fame, in his address to students of the Middlesex Hospital on October 1, stated that in the Antarctic regions a cold was quickly dissipated by spending a few hours in the night air outside the tents of the expedition. The *Bacillus catarrhalis* cannot stand a temperature much below zero, and is rapidly killed by such exposure. This fact explains the common observation that nasal catarrhs are rare during a period of prolonged frost, but that when the thaw comes they at once claim many victims. Mr. Shackleton's treatment has obvious disadvantages, but we presume that if the nose gets frostbitten during the cure, so much the worse

for the bacilli. How would a few hours' sojourn in a cold storage depôt answer as a cure? We commend the suggestion to our allopathic brethren, as a means by which they may achieve that success in the treatment of this commonest of ills, which their idea of drug usage otherwise denies them. Possibly, however, they might object that the method savoured so much of homœopathy that its use would be incompatible with their professional dignity. Perhaps so; still this admirable quality must have suffered severely by the remarks of a few of the daily papers, who, commenting on Mr. Shackleton's address, were distinctly sarcastic to our noble profession for their ill-success in common cold-curing. It is high time that some fresh treatment was attempted.

* * *

**Homœopathy
and
Nasal Catarrh.**

To those who have learnt the value of remedies prescribed according to the directions of Hahnemann, the cure of an ordinary cold presents few difficulties. In fact, we know of no simple ailment by the prompt and easy cure of which more kudos can be, and has been, obtained for homœopathy. Not a few recruits to our cause have been converted by this means. We recall one notable instance of a wealthy stockbroker, an exceptionally shrewd and clear-headed man, who having been a martyr for many winters to severe nasal catarrhs, which many doctors had failed to relieve, was so impressed by the speedy cure effected by some tasteless drops in a tumbler of water, that he enquired further into the subject, and becoming an enthusiastic homœopath, remained so to the day of his death and won many of his friends to the cause. Not only amongst laymen has this occurred but even members of the medical profession have been similarly influenced. A colleague, who is now well known in homœopathic circles, informed us that his conversion dated from the cure of a severe cold. It appears that he started for a week's holiday, many years ago, the victim of a severe catarrh, to which he was occasionally subject. Staying with friends, his hostess was a homœopath, and persuaded him to take a tasteless powder, which was, in fact, *mercurius biniodatus* 12x. Treating the matter as a joke, and entirely sceptical of any result, to please the lady he followed her directions, when to his

surprise the trouble vanished in a few hours. Instead of evading the fact in alarm, as many a weaker man has done, he had sufficient character and decision to investigate the matter further, and entered upon the study of homœopathy with honesty and purpose. Then followed the inevitable result that a new recruit was added to our ranks, and we are happy to know that he is doing good work in our midst to the present day.

* * * *

**Homœopathic
Remedies for
Acute Catarrh.**

AT this season of the year, when common colds are multiplying around us, it may not be out of place to draw attention to a few remedies which are of very frequent value and are, perhaps, not quite so well known as they deserve to be. Whilst it is as essential in the cure of colds, as of all other maladies, that the case be individualized and each treated according to its peculiar symptoms, at certain times certain remedies seem to be specific to the type of colds common at different seasons. Excluding the remedies *arsenicum*, *nux*, *mercurius solubilis*, which are commonly used by us all, we may draw attention to *merc. biniodatus* in the early stages of colds, especially in children. Amongst our patients we have parents who keep this remedy by them, and effectively dose their children at the first onset of symptoms. After the first stage is passed, and especially in adults and those in whom a cold is liable to result in a bronchial cough, there is no drug we prescribe with such confidence as *antimonium tartaricum*. This remedy covers a wide field of cases, and is probably more generally useful than any other, and is far less often used than it might be. Next, we would remind our readers of *allium cepa*, which will often cure promptly when other drugs have failed. It is not necessary for the eyes to be affected to ensure its efficacy. Lastly, we would mention *kali iodide* which is very often of high value, especially in adults of a gouty type or liable to asthmatic attacks. But in all cases the symptoms should be carefully compared with those given in our text-books as peculiar to each drug. Routine prescribing is always to be avoided.

**The Practical
Applicability of
the Opsonic
Index.**

SAATHOFF (*Munch. med. Woch.*, No. 15, 1908). The author was able to confirm the fundamental experiments of Wright to their entire extent, but in contradistinction to these findings he failed in a general way to harmonize the outcome of the reaction with the clinical phenomena in the practical utilization of the opsonin estimate. His work chiefly concerned staphylococcus and gonococcus infections, the statements of Wright being confirmed in a single instance only. The method was then studied in its individual stages in regard to the possible sources of error, and the author showed that there exists a very different behaviour on the part of the sera of healthy subjects, such as are used for the determination of the opsonic index, as a comparative value, this behaviour varying with the individual and with the time; the sera of patients likewise present a phagocytic index, subject to marked fluctuations. Furthermore, the counting of the leucocytes yields very unequal results, so that the liability to considerable error still exists in the counting of bacteria in 200 leucocytes. Finally, very far-reaching changes in this terminal result may be produced through any trifling detail in the mechanism of the reaction, such as preservation of the serum, number of red blood corpuscles between the leucocytes, mode of mixture, width of capillary tube, &c. The following conclusions are arrived at: (1) On account of the complicated character and extremely difficult technique, the method enters into consideration only for certain institutions, preferably so situated as to have a special experimentator for the purpose. This detracts considerably from the value of the method for practical purposes. (2) On account of the wide and incalculable source of error connected with the establishment of the opsonic index, this method is of value in those rare cases only in which the findings are very pronounced. (3) For therapeutic application the opsonic index constitutes an unreliable guide.—*Med. Rev. of Reviews.*

**Paralysis
Agitans without
Tremor.**

WILSON states of paralysis agitans that "tremor is the first obvious symptom." Most of the text-books agree that tremor is usually the first manifestation of the

disease ; and yet there are cases which pursue all the usual course of the malady with all the other symptoms, and yet tremor is not developed at all or until the condition, has advanced for years. Three examples of paralysis agitans without tremor are given at length in the *Journal of the American Institute of Homœopathy* for September, by Dr. Delamater, of Chicago. One case in a man aged 46, another in a woman aged 56, the third in a man aged 66. The first and latter cases began with stiffness and difficulty in movement of the arms, then hips and legs, followed by the characteristic gait—stooping forward with difficulty in starting, and then tendency to run and fall forward. The female example had a long spell of vague ill-health, mental and physical, before the first definite symptom suggesting the true nature of her malady developed, which was weakness in walking, with stiffness of the legs and arms, and tendency to fall backwards. This latter tendency may be to fall forwards or backwards, occasionally both, in the same patient at different times. The first case went on for ten years, and at no time was there tremor. The second case had an inward sensation of tremor, but no more. The third case began with difficulty in raising the arms; they seemed to catch. This slowly increased with stiffness and soreness of muscles of neck, shoulders, arms, hips, and legs in two years. After four years he began to scuff his feet in walking and to shorten his steps, thus amply confirming the diagnosis. It is well for the general practitioner to be aware of this, and to be on the look-out for obstinate stiffness and soreness of muscles which, when otherwise unaccounted for, may prove the commencement of this malady, which usually is not recognized until tremors develop. Having had a patient under our care for some years past whose case exactly matches those described by Dr. Delamater, we can corroborate by personal observation the accuracy of his statements.

* * * *

**The Practical
Value of
Anti-gonococcal
Serum.**

In the same number of the Institute journal occurs a report by Dr. Carleton, Professor of Genito-urinary Surgery in the New York Homœopathic Medical College and Flower Hospital, on the use of this serum in gonorrhœal

conditions. Together with Dr. Sprague Carleton, he states that their experience indicates that anti-gonococcus serum is not a specific for all gonococcic involvements, as some of the literature on the subject might persuade one to believe. "We have," they write, "tried large and small doses, monovalent and polyvalent strains, frequent and infrequent doses, in gonococcic conditions, with no result. We have, however, administered it where it has undoubtedly been extremely beneficial." The serum used was from the Parke Davis laboratory, the dose being usually 2 c.c. repeated at intervals of about six days. After the narration of several cures, the authors conclude :—

"These cases have been chosen from a number of similar ones, to indicate that the anti-gonococcus serum has been of benefit in the cure of gonococcic periostitis, involving the metacarpal and carpal bones, as well as similar involvements of the articulations of the ankle and knee ; that it has promoted resolution of subacute and chronic gonococcic inflammatory thickenings and exudations around the joints, and that it has been of benefit in acute gonorrhœal arthritis accompanied by serous exudations into the joint cavity ; further, it has been extremely beneficial to gonorrhœal prostatitis and spermato-cystitis, inducing resolution without recourse to surgical methods.

" Practical experience has not demonstrated any particular difference in the results from the mono- or polyvalent strains of the anti-gonococcic serum. The most satisfactory results have been from the use of serum in cases showing pronounced general symptoms from the toxæmia of gonococcic invasion."

Original Articles.

THE LAW AS IT AFFECTS SOME MEDICAL AND MEDICO-ETHICAL PROBLEMS.¹

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THE first and perhaps the most interesting of these questions I propose to discuss is that of professional secrecy or the confidentiality between doctor and patient.

That any information regarding a patient acquired by a medical practitioner in his professional capacity is the property of the patient and not of the doctor, has for long been well recognized. This rule has been observed with great strictness by all civilized communities since the days of Hippocrates, when every pupil to the art of medicine subscribed to an oath in these terms: "Whatever in connection with my medical practice, or not in connection with it, I see or hear in the life of men which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret." Although with us there is a strong feeling that whatever information we acquire in the exercise of our profession is not ours, except to use for the beneficial treatment of our patient, and that any breach of this rule is generally "an act of dishonour and of great indiscretion," we shall have to consider what are the occasions upon which it may be not only ethically right that we should make exceptions to this excellent rule, but also that there are occasions when we are legally bound to do so. In this respect it is interesting to notice how we differ from many other communities. France, Germany, Belgium, Italy, and most of the American States, are more strict than we are in the observance of this rule, in so far that with them no information acquired through this confidential relationship can be taken as evidence in a Court of law. In France, the breach of this confidence is an offence

¹ Being the Presidential Address delivered to the Aberdeen Medico-Chirurgical Society, October 29, 1908. (From the *Edinburgh Medical Journal*, December, 1908.)

punishable by imprisonment for a period of one to six months, in addition to the infliction of a fine of one to five hundred francs. The only apparent exception to this rule is in the case of supposed lunatics, where it is considered essential in the interests of lunatics themselves and of the general public that medical men should be allowed to testify to what they have learned in their examination of these patients. A medical man is not allowed, however, to divulge anything brought to his knowledge through his professional dealings with his patient, even for the purpose of refuting any charge brought against himself, even though his patient waive his right to confidentiality, as although the doctor might thus be freed from the risk of a civil action for damages, he would still be liable to a fine and imprisonment for an infringement of the relative clause of the penal code. The enactment of the State of New York is as follows : "No person duly authorized to practise physics or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional capacity, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." The Portuguese penal code says : "Advocates, confessors, physicians, surgeons, and midwives, are not obliged when giving evidence to reveal secrets which they may have discovered in the exercise of their calling." In 1828, Dr. Fournier, called in a French Law Court to give evidence in a case where a lady attempted to procure a separation from her husband on the ground that he had infected her with syphilis, refused to answer questions on the plea that what information he possessed had been acquired in his capacity as a physician. The Court held that he must answer, but he appealed, and the higher Court upheld Dr. Fournier's contention. In an American case (*The People v. Murphy*) the defendant was charged with procuring abortion. A certain physician was sent by the public prosecutor to examine the girl who had been operated on, and he, after stating by whom he had been sent, not only examined her but took over the charge of her case and prescribed for her. At the trial this physician's evidence was objected to on the ground that his information, having been gained in virtue of his medical

attendance on the girl, it could not be stated in Court as evidence; the Court, however, held that it was admissible. On the question being appealed, the higher Court reversed this judgment, holding that the relation of physician and patient was clearly established, and that consequently the information could not be allowed as evidence.

The same question was discussed in the Belgian Courts¹ in rather an amusing way over the evidence relating to an alleged duel. The surgeon who was present, presumably to render assistance in case of need, was asked as to whether he had gone to a certain place with certain other men who were accused of being concerned in the affair, and whether he was present at the duel. He declined to answer on the plea that what information he possessed was gained in the course of his professional duties, and that consequently he was not at liberty to divulge it. The Court, however, ruled that only from the time when his professional services would have required to be rendered could he claim that his information was acquired in his professional capacity, and that, therefore, he must answer such questions. He was fined, and on appeal the higher Court confirmed the verdict. The medical papers at the time criticized this fining very severely. One cannot help feeling some regret that this gentleman's ingenuity did not appeal with better effect to the humour of the Bench. In this country he would not have been compelled to answer, as his answers would have incriminated himself.

These cases show that in France and the State of New York, at all events, not only is the confidential relation between physician and patient clearly recognized, but further, that any information gained in that confidential relationship is privileged in so far that it is not admitted as evidence in a Court of law. This is in contrast with what applies in this country, where the only occasion on which a physician may absolutely refuse to disclose information which he has obtained in his professional capacity in a Court of law is—as of course applies to every witness—where such disclosure would incriminate himself. In Scotland, however, it is not only ethically binding on a medical man to observe his employer's secret, but

¹ *British Medical Journal*, 1881, vol. ii., 570.

it is also legally so. I have not been able to find any case in England where voluntary disclosure of matter learned in a professional capacity has been the subject of legal proceedings against the informer, apart from cases where actions have been raised for alleged slander or defamation, but an interesting case¹ tried in the Scottish Courts in 1851 settles beyond doubt that the relation between a physician and his employer is one which implies an obligation of secrecy forming proper ground of action if it be violated. In this case a medical man was defendant in an action of damages arising out of an alleged breach of professional confidence. The pursuer had employed this medical man to examine his wife's child, who had been born within six lunar months of their marriage, as the pursuer, who was an elder of the Church, had been asked to afford such explanations and respectable medical testimony as he might think fit for the satisfaction of the Kirk session. The pursuer averred that the medical man accepted the employment on the understanding that he was to give a private and confidential report to the pursuer for his guidance. The medical man made the examination desired, and in addition to delivering a written report to his employer to the effect that he had formed the opinion that the child had been conceived before the date of its parents' marriage, he delivered a copy of the report to the minister of the parish, and it was this that the pursuer complained of. The defender pleaded that while there may be an honourable understanding in the medical profession that secrecy formed a condition of the contract between the physician and his patient, still that understanding was not one which could be enforced at law, and that secrecy was not the essence of the contract, because a medical man could not plead professional privilege as a ground of refusal to give evidence before a Court of law. To this the pursuer replied that there is a manifest difference between the case of a medical man called upon to give evidence before a Court of Law, and one who voluntarily discloses a fact confided to him in his professional character. The Court decided that the action lay against the medical man for disclosure. Lord Ivory stated that it would be a most serious thing to admit

¹ A. F. v. C. D. 14 Dunlop, 177, 1851.

the argument that there is no confidentiality between a medical man and his employer. It must be noted here that this decision is between a medical man and his employer; the word "patient" is not used. The pursuer in this case was the employer, but not the patient. Of course, where the employer is the patient there is no difficulty, but this decision has not actually decided whether the same right belongs to the patient when the patient is not the employer. It is quite evident then that in Scotland, at all events, a medical man must not publish anything he has learned in his professional capacity, even though the publication were quite true, and of such a character as might, without any impropriety, be published by any person not having gained the information in his professional capacity. A case¹ which ultimately came to the Court of Session a few years ago is of interest in this connection. A medical man, while operating on a patient whom he believed to be syphilitic, cut his finger, and at the usual time the site of the cut developed into a characteristic primary sore, which was followed by secondary symptoms. He was insured against accident, and he very properly made a claim under his policy. The company resisted this claim. The pursuer failed to prove his case, as he did not consider that he was justified in divulging the identity of the patient from whom he had got infection. The judges, generally, were of opinion that it was honourable and proper for the doctor not to give his patient's name, but that he was unfortunate in being bound by the etiquette of his profession, and that, however good and honourable the rule might be, the defenders could not be bound by it. Lord Young, however, remarked that it would have been dishonourable and possibly illegal to disclose the patient's name, adding that he might have been subjected to an action of damages for doing so.

Under what circumstances, then, is a medical man legally bound or ethically entitled, without risk of a successful action of damages, to break through the rule of professional secrecy? (1) Take the case of a medical man who has learned in his professional capacity that a crime is contemplated by his

¹ *A. B. v. Northern Accident Insurance Co., Ltd.*, 1896. 24 *Rettie*, 258; and *British Medical Journal*, 1896, vol. ii., 1809.

patient, or in which his patient would be implicated. If he remains silent, does he thereby become an accessory to the crime, or does he, by using his influence with his patient to prevent any such crime, clear his own conscience and fulfil his duty to the patient and to the State? I take it that his action would to a large extent be guided by the nature of the crime. There is the common case which must have occurred to all of us—the unmarried woman who wishes to be relieved of that which will be a disgrace to her as well as an encumbrance. She comes to a doctor and asks his assistance to accomplish this end. What does the doctor do? Not surely go straight to the police and give information. He would discharge his obligations by advising her against any such proposals, and in the great majority of cases his advice would be followed. If it is not, the responsibility does not rest with him; besides, he cannot know that she will proceed any further in the direction of procuring abortion. Take a later stage in the history of this woman—her child is boarded out, and the medical man who is called in ostensibly to treat the child, but really so that a death certificate may be granted, has reason to believe that the child is being slowly poisoned. What course is he to follow now? His first duty, of course, is to save the child, not to act as a detective. He therefore has it removed from its surroundings, if possible, and he sets about having his diagnosis verified. The remarks of Lord Justice Clerk Inglis on the conduct of Dr. Paterson, who was a witness for the Crown in the famous case *Regina v. Dr. Pritchard*¹, are of interest in this connection. Dr. Paterson had been called in to see Mrs. Pritchard during her illness, and in his examination in the witness-box he stated that he had suspected that Mrs. Pritchard was being slowly poisoned, and at the same time admitted that he had taken no steps to save her. In his charge to the jury, the Judge said: "Now, Dr. Paterson thought it consistent with his professional duty, and, I must also add, with his duty as a citizen of this country, to keep that opinion to himself. In that I cannot say that he did right; I should be very sorry to lead you to think so. I care not for professional etiquette or professional rule; there

¹ *Regina v. Dr. Pritchard. Medical Times*, 1865, vol. ii, 62.

is a rule of life and a consideration that is far higher than these, and that is the duty of every citizen of this country, that every right-minded man owes to his neighbour to prevent the destruction of human life in this world, and in that duty I cannot say but that Dr. Paterson failed." Such a statement coming from one of the greatest criminal lawyers this country has ever known must be taken as the last word on the subject. Clearly, what Dr. Paterson should have done, if he really had those suspicions, was to give them to the patient's husband, who presumably was his employer, and insist on the patient's removal from her surroundings, and then set about verifying his diagnosis. No doubt there would often be difficulty in settling who was the proper person to receive these suspicions. Suppose the child dies, he must either grant a death certificate giving the true cause of death, or refuse to grant a certificate and let the authorities deal with the matter, if he does not wish directly to give information. Suppose now that the child recovered and that the doctor found that an attempt had been made to poison it, what should he do? This brings us to the next head :—

(2) Where a medical man has learned that a crime has been committed. In this case, according to Sir Henry Hawkins, his action should depend upon the nature of the crime. In the case¹ of *Kitson v. Playfair*, Sir John Williams, who was giving evidence as a skilled witness for the defender, was asked by the Judge, "Suppose a medical man were called in to attend a woman, and in the course of his professional attendance he discovers that she has attempted to procure abortion, that being a crime under the law, would it be his duty to go and tell the Public Prosecutor?" Sir John Williams: "The last legal opinion upon that very question obtained by the Royal College of Physicians is, yes." Mr. Justice Hawkins: "Then all I can say is, it will make me very chary in the selection of my medical man." Again, in his summing-up, the Judge returned to this point, saying: "If a doctor were called in merely to attend a woman and give her advice, his Lordship doubted very much whether he would

¹ *Kitson v. Playfair*. *Lancet* and *British Medical Journal*, 1896. Numerous references.

be justified in going to the police and saying, 'I have attended a poor woman who has been trying to procure an abortion.' That would be a monstrous cruelty. There might be cases where it was the obvious duty of a medical man to speak out—in a case of murder, for instance." I cannot see why a medical man should be a voluntary informer, whatever the nature of the crime; that is, assuming that he has gained his information through his confidential relationship with his patient, and where giving information would incriminate his patient. The example I have cited of child poisoning does not probably come under this, for there it might not be the employer who was implicated at all, and it certainly would not be the patient, and in many of these cases a medical man would probably feel that it was his duty to speak out. These cases are quite different from those where a medical man learns in his professional capacity that his patient has committed a crime. This case is also different from where giving information would prevent the commission of crime. It is one thing to abstain from giving information voluntarily, but it is quite another thing to refuse to give information when called upon to do so by a properly constituted authority. Sir Matthew Hale, who was Lord Chief Justice of England about the time of the Restoration, and was also a voluminous writer on Law, and evidently a great authority, has laid it down that "if a physician or surgeon professionally attend a felon sick or wounded, although he know him to be a felon, and know of the felony and do not disclose it, none of these acts would be sufficient to make the party an accessory after the fact."

(3) In giving evidence in a Court of law. There has been great diversity of opinion expressed as to whether a medical man has the right to claim professional privilege in the witness-box. There can be no doubt, however, that legally this privilege is only extended to the relationship of solicitor and client. But there is reason to believe that in some cases at all events where a medical man is asked questions the answers to which he considered would be a breach of his patient's confidence, the Bench might support him in his refusal to answer. So great an authority as Sir Henry Hawkins expressed himself during the *Kitson v. Playfair* case as if that were his

view. "The Judge himself," he said, "might in some cases refuse to commit a medical man for contempt in refusing to reveal confidences; each case would be governed by the particular circumstances, and the ruling of the Judge would be the test." In his Lordship's mind, medical men were not always bound to answer questions put by counsel in a Court of law. These are, of course, only remarks during the trial, and not a distinct ruling on the point, and consequently, although the opinions of a great lawyer, are not binding on any Court. On the other hand, there are many distinct rulings to the effect that a medical man enjoys no professional privilege in the witness-box. While laying down this rule, however, there are some expressions of sympathy with medical men regarding it. In a case¹ tried before Mr. Justice Buller in 1792, that Judge expressed his great regret that information gained by a medical man in his professional capacity was not treated by the law as a privileged communication. A few years later² Lord Brougham, after stating that the rule of excluding statements to individuals from testimony in Courts of justice was limited to legal advisors, said that "certainly it may not be very easy to discover why a like privilege has been refused to others, more especially to medical advisors." In a case³ tried before Sir Cresswell Cresswell in 1862, that Judge would not admit as evidence letters written by a patient to his medical man*describing the symptoms of his illness, but apparently he gave no authority or reason for this decision; still I think we may assume from his doing so that if the medical man had been called, even if the Judge had not ruled that the doctor's information was privileged, that he would at least have jealously watched what questions were put to the witness by the counsel. In the trial⁴ of the Duchess of Kingston for bigamy, Sir Cæsar Hawkins, called as a witness, objected to answer questions on the plea that his information was obtained through his confidential relations with his patient. Lord Mansfield, however, ruled that he was bound to answer,

¹ Wilson v. Rastall. *British Medical Journal*, 1881, vol. ii, 1022.

² Greenough v. Gaskell. *British Medical Journal*, 1881, vol. ii, 1022.

³ Witt v. Witt and Klindworth. *British Medical Journal*, 1881, vol. ii, 1022.

⁴ R. v. Duchess of Kingston. *British Medical Journal*, 1881, vol. ii, 1022.

although not entitled to voluntarily disclose such secret information. "If a surgeon," he said, "were voluntarily to reveal these secrets he would be guilty of a breach of honour and of great indiscretion; but to give that information in a Court of justice, which by the law of the land he is bound to do, will never be imputed to him as any indiscretion whatever."

In the Scottish case, which I have already quoted, where an action for damages was raised against a medical man for breach of professional confidence, Lord Fullarton said: "While it is true that privilege, that is the right or rather the duty of a party called as a witness to decline to give evidence on the score of confidentiality, is limited to the professional relation of agent and client, it did not follow from the absence of privilege in other professions that there is no binding obligation to secrecy, which, if violated, may be ground of action. The obligation to secrecy may not be absolute, but that it must yield to the demands of justice if disclosure is demanded in a competent Court." This statement also shows that secrets given to a priest in confession are liable to be taken as evidence in a Court of law. The privilege enjoyed between agent and client is really a privilege belonging to the client and not to the solicitor,¹ and if the client waive his claim to privilege the solicitor is bound to answer. Before leaving this part of the subject it might be well to consider what, in the light of these various statements, is a medical man to do if he finds himself in the unpleasant position of being asked in the witness-box to disclose something which is his patient's secret, and which he has learned through his professional relations with him. Although it is evident that one cannot claim professional privilege, an appeal to the Bench on the score of professional secrecy should be made. No doubt most judges would take the circumstances into consideration, and a few might, more especially if it were a civil case, relieve the witness from a very unpleasant duty. Suppose the judge does not do so, and the witness refuses to answer, then the judge might commit the witness for contempt of Court; probably the cases where he would think it necessary to take

¹ Lord Moncreiff in *M'Ewan v. Watson*. *S.L.R.*, vol. xlii., No. 14.

this extreme step are comparatively few. Recently, in an English Court, a doctor declined to answer questions on these grounds; the Court adjourned to give the witness time to consider his position. On the case being resumed, he again declined to answer, when counsel moved that he should be committed for contempt of Court. The Court, however, refused to do this, holding that the doctor had given a satisfactory reason for his refusal to answer. Recently, also, in Greenwich, a clergyman who was called to give evidence against a woman who was charged with larceny and was supposed to have made a confession to this clergyman, refused to give evidence, whereupon he was promptly committed for contempt. Both of these cases, however, occurred in the lower Courts, and consequently would not likely have much weight as precedents. After all, I question whether one has any right to carry his ethical principles to this point; it is for the judge to settle what is right for counsel to ask and for witness to answer, and if he decides that the answer must be given, then the witness should submit, the higher duty of good citizenship must be observed. Even Sir Henry Hawkins, whom I have already quoted as indicating that he might hesitate to commit a medical man for contempt, said, "Medical men might and no doubt did to the best of their ability form rules for their guidance in these matters, but they could not force their self-made laws on the public."

(4) There are certain other conditions under which this confidential relationship may be violated without laying the medical man open to the risk of successful actions for damages. (a) To return to the *Kitson v. Playfair* case, Sir John Williams being asked for other exceptions to the rule, said: "The higher claims that a man's wife and children have upon him justify him in taking every measure to protect them." This was, of course, specially applicable to the circumstances of this trial, because this was presumably the position in which Dr. Playfair found himself. One cannot quite sympathize with Dr. Playfair's wish to break off the intimacy between Mrs. Kitson and his own wife and family, but surely it was unnecessary for this purpose to tell his wife all that he had learned in his professional capacity about Mrs. Kitson, and an act of great indiscretion to tell his wife's

brother. It is easy to imagine cases occurring, implicating members of one's own family, where it might become absolutely necessary to disclose information under the circumstances mentioned by Sir John Williams, but in nearly all such cases, with a little common sense and tact, the end could be attained otherwise. (b) The case of employer and servant. Suppose a lady sends her maid with a note to the lady's doctor asking him to examine the said maid, prescribe for her, and report to the mistress regarding the health of the servant. It is, I think, quite natural that this lady should wish to know what is wrong with her servant, and, in my opinion, she is perfectly entitled to know so far as the state of the servant's health affects her capacity for work; but from a legal point of view there are pitfalls for the unwary doctors here. The question is frequently answered to correspondents in the columns of medical papers that, under such circumstances, the doctor has no right to impart any information whatever unless with the consent (some say written) of the maid. Here we are back to the old question of whether the undoubted right to secrecy which the employer possesses applies to the patient also when not the employer. Although this point has not been actually decided, as far as I can find, it would probably be dangerous to act as if it did not. At the same time there are decisions to show that if the information is given only to the employer, and not to any third party, the communication would be considered to be privileged, provided it were given without malice, and that it was information that the employer had a special interest in knowing; that is, it would require to have a direct bearing upon the servant's present state of health and her capacity for her work. Mr. Taylor Innes,¹ advocate, points out, for instance, that though it might be quite proper for a medical man to tell the employer that her domestic servant was pregnant, it would be quite improper to say that in the course of his examination he had discovered signs of a former pregnancy. In a case of this kind the first point to consider is whether the servant consents to the examination, and that she is not driven to consent through fear, otherwise the doctor may be the subject

¹ *Scottish Medical and Surgical Journal*, 1897, p. 1057.

of an action for assault, but I shall have something to say about this under another head. Suppose, then, the maid refuses to give her consent to the information being given, and the doctor feels it to be his duty to give it, and does so, is he running a risk of a successful action for damages? A member of the Metropolitan Fire Brigade raised an action¹ against the doctor to whose services he was entitled as a member of that force. That man had undoubted evidence of having syphilis, and the doctor stated so in a certificate which was handed to the man's superior, with the result that the man was dismissed from the service—hence his action against the doctor. The Court decided that the communication was privileged. Again, a girl who had been a barmaid in a hotel raised an action against the doctor, who had been called by her employer, for giving the employer information regarding her illness; again the Court decided that the information was privileged. (c) Husband and wife. With regard to the communication of confidential information to a wife regarding the nature of her husband's illness, and *vice versa*, it is doubtful whether such would be considered privileged, and the remarks falling from judges in the trial of the case of *M'Ewan v. Sir Patrick Heron Watson* do not help to make this matter clearer. Lord Young said that, in his opinion, Watson was quite right to give M'Ewan the information he did about Mrs. M'Ewan. "I cannot think it doubtful that Sir Patrick Watson acted not only legally but with perfect propriety in giving the husband information of what had passed between him and his wife." Lord Trayner, on the other hand, said, "I am not influenced to any extent by the consideration that the statement complained of was made to the pursuer's husband; in the position in which the pursuer and her husband stood towards each other—and that in the knowledge of the defender—I think the defender had no right to make to the pursuer's husband any statement which he could not have made justifiably or without incurring liability for damages to a stranger." Doctors are evidently not the only profession who differ, and who is to choose between two such opinions? It would

¹ Still *v. Morris*. *British Medical Journal*, 1900, p. 883.

appear that in French law it is quite proper for a physician to communicate to a woman the nature and cause of her husband's illness, but these communications must not be divulged, and cannot be given as evidence on behalf of the woman, or *vice versa*, in a Divorce Court, even by agreement with the physician. The obligation to professional secrecy does not allow the physician to consent to the publication of such information. The same difficulty would arise as between the head of the house and an adult member of his family living with the family. I cannot find any cases deciding what should be one's course in such circumstances. The question of whether the communication of a professional secret by a medical man to his own wife is a privileged one does not seem to be definitely settled. During the progress of the *Kitson v. Playfair* case, Mr. Justice Hawkins remarked: "There was no question now arising as to the privilege between the medical man and his wife, because the action was not brought for uttering the slander to his wife but for uttering the slander to Sir James Kitson. So that the question of whether or not Dr. Playfair would have been privileged in making that communication to his wife was a very nice question which it was now unnecessary to discuss." It is unfortunate that circumstances did not force an opinion from such a distinguished exponent of the law. Though there may be no legal decision on the matter, I think common sense and good feeling should tell a medical man that he has no right to communicate such secrets to his wife.

There is yet, however, another class of case coming under the head of employer and employee which is of special interest to us at the present time—that is the case of responsible employees of the railway and mercantile marine services who may be discovered to suffer from serious visual defect, or some illness which may disable them suddenly, and thus seriously endanger the public. These cases are perhaps the most difficult of any, and unfortunately, so far as I can find, there is no decision in a case exactly of this kind. Take, for example, the case of the driver of an express train who consults a doctor and is found to suffer from absolute colour-blindness, or from epilepsy. What is the medical man's duty if he is unable to

persuade his patient to go off work, and if, indeed, he knows that the man continues at his post? I assume that the man has gone of his own free will to consult the doctor and is not sent by the railway company to their medical adviser, so that he is employer as well as patient. Should the medical man inform the man's employer, in this case a superior official of the railway? If he does, he may be the defendant in an action for damages for breach of confidentiality, and, even although the communication was held by the Court to be privileged and made without malice, he would probably be much out of pocket for expenses; while if even the smallest amount of damages was awarded, he might be met by very heavy expenses. On the other hand, suppose he keeps his information to himself, and this man's train is wrecked, with loss of life, his position would be a very unpleasant one. If it transpired, as it probably would, that he had been consulted by this driver, his evidence would be taken, and he would have to admit in open Court that he knew the state of affairs and that a serious accident would likely happen. His conduct would then probably be commented upon in much the same terms as Dr. Paterson's was in the Pritchard poisoning case; and if it were not so by the Court, it certainly would be by the public, who know little, and, I think very naturally, care less, for professional ethics where their own safety is concerned. There is something radically wrong where professional etiquette for the shielding of one obstinate man should stand in the way of safeguarding the lives of the public. The only case¹ I can find that bears at all upon this point is one where a medical man made a report to a relieving officer that a nurse who might occasionally be dispensing medicines was of unsound mind. She suffered from hallucinations, and the doctor considered it dangerous to allow her to continue at her employment. She raised an action against the doctor, and the jury found in her favour, on the grounds that the statements were made without sufficient care and not without malice. At the Court of Appeal the decision was reversed. The judges settled that the communication was privileged. This was of

¹ Dowling v. Dods. *Lancet*, 1901, vol. i., 1153; and *British Medical Journal*, 1900, vol. i., 1569.

course an English case, and apparently the nurse had not come to consult the doctor in the first instance, his attention having been drawn to her by other people. So that it is not quite a parallel case to the railway servant's.

I should like to say something with regard to privilege. The word is used in two different senses. Professional privilege means the right or duty one may have in declining to answer questions in the witness-box where such answers would divulge information received in professional intercourse. Privileged communication means information which has been gained in professional confidence, but which can be divulged to certain individuals on certain occasions without laying the informer open to any legal liability in consequence. There are still to be considered the statements made by witnesses in a court of law. It has been very definitely laid down that all statements made by a witness after he has taken the oath are privileged, provided they are pertinent to the case. In the case¹ of *Mrs. M'Ewan v. Sir Patrick Heron Watson* this was emphatically stated by all the judges concerned. The Lord Ordinary (Kincairney) said: "Now I think that nothing is more clearly settled than that in such a case the protection of a witness is absolute, and it is of no consequence whether it is true or false, *bona fide* or malicious." You will remember that in this instructive case Mrs. M'Ewen consulted Sir P. H. Watson, evidently with the intention of having his evidence to assist her in obtaining a separation from her husband. Watson's view was no doubt unfavourable to her; at all events, he was not called by her as a witness. About two years later he was asked by the agents of Mrs. M'Ewan's husband to examine Mrs. M'Ewan with the view of giving evidence on behalf of the husband. This employment he accepted, although just before making his examination he was reminded of his former employment by Mrs. M'Ewan. In doing so he was surely guilty of committing a great indiscretion and a serious ethical mistake? He gave all the information he had acquired at his first examination to the husband's agents, and the contents of his private note-books, which contained statements which the pursuer said were

¹ *M'Ewan v. Sir Patrick Heron Watson. S.L.R., vol. xlii., No. 14.*

highly slanderous. Mrs. M'Ewan's action for separation was unsuccessful, and, as she alleged, owing to the defender's evidence. The action against Watson was for breach of confidentiality and defamation on the ground that he voluntarily told pursuer's husband and his agents, and afterwards disclosed in the witness-box, certain matters which he alleged he had ascertained as the result of his prior examination of the pursuer, as well as the contents of his private notes, taken by him at the time of his first examination. The Judges of the Court of Session held (Lord Young dissenting) that he had no right to give the information he did to the husband and his agents, although they all agreed that no action could lie for what he stated during his examination in the witness-box. Watson appealed¹ to the House of Lords. The Lord Chancellor (Halsbury), after stating that it was settled law that a witness is absolutely protected from any action being brought against him in respect of evidence he may have given, said that, so far as he knew, the question of whether that privilege extended to statements made in the precognition had been raised for the first time in this case. "It appears to me that the privilege which surrounds the evidence actually given in a Court of justice necessarily involves the same privilege in the case of making a statement to a solicitor and other persons who are engaged in the conduct of the proceedings in Courts of justice when what is intended to be stated in a Court of justice is narrated to them. The communication complained of is no communication to strangers—to persons outside the litigation."

CERTIFICATES OR REPORTS OF A CONFIDENTIAL CHARACTER.

Reports to Insurance Companies.—These reports, although they may pass through several hands, are generally looked upon as being confidential between the medical officer and the company. It has been decided,² however, that such a report may have to be produced as evidence, and an insurance company has been ordered by the Court to produce a confidential report for inspection by the defender in an action.

¹ Sir P. H. Watson *v.* M'Ewan. *S.L.R.*, vol. xlii., No. 53.

² Lee *v.* Hamerton. *British Medical Journal*, 1881, vol. ii., 1022.

Of course the proposer makes his proposal knowing that a medical examination and report is part of the contract, and that if anything is discovered which would likely interfere with his attaining the average age, it would be stated in the report, and he could have no claim against the medical adviser if the latter used reasonable care and his statements were free from malice. The only serious difficulty which I think is likely to arise is where the proposer has, at some previous time, consulted the examiner for some disease which he does not wish to be known, and when no sign of this disease could be found during an examination, and which is either not elicited by any questions in the proposal or report forms, or is answered in the negative by the proposer. If the examiner thinks it is a matter bearing on the expectation of proposer's life, the safer course would be to tell the company that he would rather not carry out the examination. It is very doubtful whether a Court would look upon the publication of such information as privileged. On the other hand, he would scarcely be doing his duty to the company, who is his employer, by keeping back any unfavourable communication. Of course, under such circumstances, a proposer would be unlikely to take legal action against the medical officer, as he would thereby disclose an attempt on his own part to defraud the company. When an insurance company sends a form to be filled up by the family medical attendant of a proposer as a reference, and apart from the usual examination, without the proposer's distinct consent, the doctor should not state any facts to his discredit; the form should be returned to the company with a statement that their request cannot be complied with; that would probably be of as much value to the company as any report, but would bring no fee to the physician. The same care must be taken when filling up a certificate relating to an accident with regard to the question of habits as to the use of alcohol. With regard to the form of certificate which is asked by an insurance company regarding the nature and duration of the last illness, here the executors of the deceased are the employers. Of course, if the certificate is to be filled up at all, it must be done truthfully; but it is questionable whether statements in this certificate would be privileged, and whether executors who had their feelings wounded by the

statements made could not raise a successful action against the doctor. The wisest course would be to decline to fill it up. They can always, for a small sum, get a copy of the death certificate.

With regard to notification under the Infectious Diseases Act, 1889, this is a duty laid upon the medical attendant by the State, and is an expression of opinion only. A medical man would not be responsible for any mistake of opinion, unless he was guilty of gross carelessness or malice. In a case¹ where a doctor diagnosed scarlatina and the patient was sent to hospital, where he was detained for ten days and then discharged on the grounds that it had not been a case of scarlatina at all, an action was raised against the doctor, but without success. The certificate stating the cause of death has also to be filled up as a duty to the State, and the certifier is expected to give a true account of the primary and important secondary diseases. Although a copy of this certificate is accessible to anyone on the payment of a small sum, still it would, no doubt, be looked upon as a privileged communication. This certificate must be granted by the medical man who has attended the deceased during the last illness, and no fee can be claimed for it, nor can it be withheld on account of no professional fees having been paid. The term last illness is indefinite, but a Select Committee has recommended that it should mean personal attendance by the person certifying upon at least two occasions, one of which should be within eight days of death. Is it necessary to view a body before granting a certificate of the cause of death? It has been said that the certificate states the cause of death only, and does not certify that the person is dead; but I think that one's signature to the form implies that one knows that the person is dead. A case is recorded where a child was brought to a medical man very ill with measles and bronchitis. The mother came next day and stated that the child was dead, and obtained a certificate. As a matter of fact the child was not dead, and the mother used the certificate to obtain payment under an insurance policy. The medical man was censured by the court in these terms: "If you have seen the

¹ Russell v. Cree, *British Medical Journal*, 1894, vol. i., 608.

child once and are told that it was subsequently dead, I do not think you are justified in certifying that it died of the disease you knew it had." It is just in cases like this, occurring most likely in dispensary practice, that a body had better be viewed.

MALPRAXIS.

This subject is one of great importance to everyone who is engaged in any kind of medical practice. By malpraxis is meant the absence of a reasonable degree of skill or attention on the part of the attending medical practitioner, in consequence of which the individual under treatment suffers in health or in his capacity for work. The only difference between the position of the qualified and the unqualified practitioner in the eye of the law seems to be that a greater degree of skill would be expected from the qualified than from the unqualified man, unless the latter passed himself off as being qualified. The unqualified man, however, as a defender in an action would have to start his defence from the beginning, and show that he possessed a reasonable degree of skill, which the qualified man is presumed to possess in virtue of his qualification, and he does not require to prove that he does so.

In the case *Rex v. Butchell*,¹ 1829, Baron Hullock laid it down that "if a person *bonâ fide* and honestly exercising his best skill to cure a patient perform an operation which causes the patient's death, he is not guilty of manslaughter, and it makes no difference whether such person is a regular surgeon or not, nor whether he has a regular medical education or not." This was, of course, before the days of registration, and would probably be modified now. Criminal prosecutions for malpraxis are not very common, and from the comparatively slight punishments that have been inflicted in some gross cases, it would appear that a much greater degree of negligence or want of skill would be required to get a conviction than would be sufficient to found a successful action in a civil court. The two following gross cases illustrate this:—

Dr. Vivian Poore records the case² of a medical man who

¹ "The Law in General Medical Practice." Stanley Atkinson. P. 124.

² *Clinical Journal*, vol. xii., 373.

was sentenced to six months' imprisonment for malpraxis. He attended a woman at her eleventh confinement, delivering her with forceps. After the delivery he was seen to pull something down and cut it away, causing the woman great agony. He then ordered her brandy and left, saying she could not possibly recover. Suspicions were aroused, and a *post-mortem* examination was made, when it was found that he had made a large rent in the vagina with his forceps, and that the something he cut away was 15 ft. of intestine! Dr. Poore remarks that the verdict did not seem unjust! In the case *Regina v. Wright*,¹ at the Criminal County Court, in 1895, a medical man was indicted for having caused the death of a woman whilst delivering her with forceps. It was suggested that at the time he was under the influence of drink, but it was subsequently shown that he had taken a large dose of chloral for the relief of disease from which he suffered. The judge naturally held that this was no excuse, as a man had no right to undertake the management of such a case whilst under the influence of any such drug. He was sentenced to three months' imprisonment, the judge remarking that if the maltreatment had been due to alcoholic intoxication the sentence would have been a much more severe one. Civil actions for damages on account of malpraxis are, however, becoming quite common. The question upon which such cases turn is, "What in the eye of the law is a reasonable degree of skill and attention?" The amount of skill required to come up to this standard varies. It is not necessary that the highest amount of skill should be used. A greater degree of skill would be required from a surgeon of repute in a surgical case than from a practitioner working in a remote district.

During the trial of the case *Sothorn v. Lynn Thomas and Skyrme*,² Mr. Justice Bigham said: "If a man with a broken arm were to call a young practitioner of 22 or 23 who had just started his career in some country practice, he would not expect, nor ought he to expect, the same skill which he would expect if he had called in some of the very

¹ *R. v. Wright. British Medical Journal*, vol. ii., pp. 813 and 1396.

² *Sothorn v. Lynn Thomas and Skyrme. British Medical Journal*, 1906, December 1 and 8.

eminent gentlemen who have appeared before you in this case." The same judge has stated that a mere mistake in diagnosis or treatment is not sufficient to ground an action for damages. As he puts it, "It does not at all follow that because a man in the position of a surgeon makes a mistake, he is therefore liable; there are what are called mistakes of judgment, and that very expression shows that some thought was exercised before the mistake was made, and a mistake of judgment, of proper judgment, cannot make a man liable in a case of this kind." Again, he says, "It was preposterous to say that medical men gave any guarantee that their treatment would be successful." It must be noticed that, in addition to a reasonable amount of skill, a reasonable amount of attention is required. A medical man was engaged to attend a lady at her confinement, and he promised to visit her on a certain day. Instead of doing so he went hunting; labour came on, and the child was born dead. The Court decided that there had been a neglect of duty.¹

A medical man was called in an emergency to see a workman who had got his leg broken. The man was not this doctor's patient. The doctor put up the leg temporarily and ordered the man's removal to the Edinburgh Infirmary, saying he would not return. The man did not go to the Infirmary, and when the same doctor was sent for three weeks later he found the fracture had become compound. The man raised an action² against the doctor. The judge in charging the jury said the case turned on the question whether the defender undertook to give his continuous professional attendance to the pursuer; he also remarked that "because a doctor attends a man in an emergency, it does not follow he is bound to go on with the case." In spite of this the jury awarded damages. This is a good example of the absurd ideas entertained by juries at coroners' courts³ regarding the legal obligations of medical men to attend, in season and out of season, and no matter what their other engagements may be, any case of emergency when called upon by any irresponsible individual.

¹ *Clinical Journal*, vol. xii., p. 374.

² *British Medical Journal*, 1894, vol. i., p. 755.

³ *Ibid.*, 1908, vol. i., p. 962.

In a case¹ tried in the Irish Courts, where it was alleged that the doctor did not give sufficiently minute directions as to the use of medicine prescribed, the judge charged the jury to the effect that they must be satisfied that the usage of the medical profession came up to the standard required by the law, if the professional usage were to guide them as to whether this doctor used reasonable care.

A great deal has been said and written recently regarding the relative responsibility of the surgeon and the anæsthetist in the case of a patient dying on the operating table. As far as I can find there is no judicial finding in the matter. The Coroner for the City of London and Southwark indicates that, in his opinion, the responsibility rests with the person controlling the operation, viz., the surgeon.² I should think the responsibility of selecting a competent person, that is, a legally qualified person, to administer the anæsthetic rested with the surgeon, and having done so, I think his responsibility ceases. A competent court would probably demand from the anæsthetist the same reasonable degree of skill and attention as from a medical man performing any of his other professional duties; although the somewhat startling statement³ of Dr. Hewitt, that nine out of every ten deaths from an anæsthetic are preventable, would tend to make a court more exacting. In making these remarks I assume that the question of the operation being a proper one, and the patient's apparent fitness to take an anæsthetic, have been duly considered.

The responsibility of the operating surgeon. The chief cause of trouble under this head is the question of consent. Has consent been given; if so, consent to do how much? An operation done without consent, or on a minor without the guardian's consent, would be an assault. Before operating on a married woman it is well, if possible, to have the husband's consent also, but it has been decided⁴ that a husband has no power to withhold from his wife the benefits of such surgical treatment as her case requires. But supposing during an operation

¹ *British Medical Journal*, 1905, vol. i., p. 754.

² *Ibid.*, 1908, vol. i., p. 45.

³ *Lancet*, 1908, vol. i., p. 1012.

⁴ *Harris v. Lee*. "Law in General Medical Practice," p. 137.

a surgeon discovers something more than he expected, which, in his judgment, calls for a more extensive operation than he anticipated, and for which he has not got the patient's specific consent, what should he do? Probably, in the absence of any distinct instructions from the patient or guardian limiting the extent of the operation, he would be exculpated if he exceeded his instructions. The verdict in the case¹ of *Miss Beatty v. Cullingworth* supports this view. In this case the surgeon had distinct instructions from his patient, given on several occasions, that if one ovary was found to be diseased and the other healthy, the diseased one was to be removed; if both were found to be diseased, neither was to be removed. Even at the last moment, when Miss Beatty was on the operating-table, she repeated these instructions, and the answer given was, "You must leave yourself in my hands, I know your wishes; I shall not remove more than I can help." She then quietly lay down and took the anæsthetic. As you will remember, both ovaries were found diseased and both were removed. The jury found that she had given tacit consent. Mr. Justice Hawkins in his charge to the jury said: "If a medical man with a desire to do his best for his patient undertook an operation, he should have thought it was a humane thing for him to do everything in his power to remove the mischief, provided that he had no absolute instructions not to operate." Although there is no doubt that Dr. Cullingworth did what was best for his patient, I think there is as little doubt that he committed a great error of judgment. Clearly his course was either to respect the instructions of his patient, or to decline to operate under any such restrictions. In a recent American case a surgeon told a lady that she required to have a slight operation. She gave her consent, and he performed a hysterectomy. The patient sued the surgeon, and the court, expressing the opinion that a surgeon was not entitled to remove any organ without the patient's complete concurrence, awarded substantial damages.

Closely allied to the question of consent to operate is a point that arises under the Workmen's Compensation Act. Can an injured workman be compelled, as a condition to the

¹ *Beatty v. Cullingworth. Lancet*, 1896, vol. ii., p. 1473, *et seq.*

continuance of his compensation, to submit to a surgical operation which, according to skilled medical testimony, is likely to restore his capacity for work, and which is not attended by any great degree of risk? In England, so far, it has always been held that a man cannot be compelled to submit. In the Scottish Courts a test case¹ has been tried before seven judges. An injured workman who refused to undergo a surgical operation unattended with danger to life or health or with serious suffering, which, according to the best professional opinion, offered a reasonable prospect of the removal, or at least relief, of the incapacity from which he suffered, was held (two judges dissenting) to have precluded himself from any right to receive further compensation under the Workmen's Compensation Act. The Lord Justice-Clerk said: "I think the sound view on this matter is well expressed by Lord Adam, when he laid it down that a workman who has been incapacitated is not bound in every case to submit to any medical or surgical treatment that is proposed, under penalty, if he refuses, of forfeiture of his right to a weekly payment, *e.g.*, in the case where a serious surgical operation is proposed with more or less probability of a successful cure." "On the other hand, I hold it to be the duty of an injured workman to submit to such treatment, medical or surgical, as involves no serious risk or suffering, such an operation as a man of ordinary manly character would undergo for his own good, in a case where no question of compensation due by another existed." In spite of this decision, the question must still remain one of degree, and who is to decide what operation is entirely devoid of risk? Probably, as usual, the medical evidence would be conflicting, and here would be the value of having a medical assessor sitting on the bench to advise the judge on difficult medical or surgical points.

Under the Workmen's Compensation Act also a workman must submit to examination by a medical referee appointed for the purpose as a condition to the continuance of his allowance, and there is power to withhold his allowance until he does submit. This is one of the very few circumstances under which a person may be examined after pressure has been

¹ S. L. R., vol. xlv., p. 394, *et seq.*

brought to gain his consent. In an English Court an action¹ was raised against a magistrate who ordered the examination of a girl who was suspected of recently having given birth to a child, and against the doctor who carried out the examination. The girl did not consent, and the Court awarded her damages. Apparently she had been examined before, and had confessed before this second examination. In the case of a maidservant being sent to her employer's doctor to be examined, the doctor must be very careful that the maid consents to the examination. The case² of *Latter v. Braddell and Wife and Another* is a good illustration of this. Latter was a maid in the employment of the Braddells. Mrs. Braddell, thinking the girl was pregnant, accused her of it, and on the girl's denial had her subjected to a medical examination. The girl apparently made no objection to the examination, undressing and lying down quietly to be examined. She afterwards brought an action against her master and mistress, and the doctor. The case was first tried at the assizes, but the jury, being unable to agree, were discharged. The case was next tried before Mr. Justice Lindley, who withdrew the case as against the Braddells from the jury; and as against the doctor, instructed them that they must be satisfied that the girl had been overpowered by force or by threat, or terror of actual force. The evidence was against this being the case. On the case coming before the Court of Appeal, Lord Justice Bramwell upheld the instruction given to the jury by Mr. Justice Lindley, and thought there had been no evidence that the girl's wish had been overborne by violence or threat. Lord Bramwell added that he thought the doctor had acted kindly throughout, but stated that the wish of the master and mistress was no authority in the eye of the law for a doctor to examine a patient against her consent. His Lordship was of opinion that the proceeding was altogether a high-handed one.

We may possibly soon find many cases cropping up under the medical inspection of school children, for it seems to me that no medical officer has any legal right to enter a

¹ *British Medical Journal*, 1882, vol. i., p. 20.

² *Clinical Journal*, vol. xii., p. 373.

school and examine these children without the consent of the guardians or parents.

A charge of negligence is sometimes set up in answer to a claim for fees for professional attendance. It has been decided that if the patient receives no benefit in consequence of the surgeon's want of skill, or if the case was one where no surgical treatment could have succeeded, the surgeon is not entitled to recover fees. But the remuneration of a practitioner who has used due skill and care does not in any way depend on his effecting a cure. In a case¹ tried before Judge Addison, K.C., in the Southwark County Court, that Judge decided that a medical man could not throw up a case during his treatment simply on account of his professional feelings being hurt, and then make a claim for fees. In this case the doctor stated that the child's mother did not follow his directions, but carried on some other treatment on her own account, so that he declined to have any further responsibility in the matter. The question would be one of degree. A man must make some allowance for the natural anxieties of a mother, but no one could go on treating a case if met by constant disregard of his instructions. If this judgment were to carry any weight, which I much doubt, it would give a splendid opportunity to that large class who wish to escape from the responsibility of paying for professional attendance, for they could by such conduct easily concuss any doctor into throwing up the responsibility of treating them further.

UNDUE INFLUENCE.

There are two ways in which this subject may affect medical men : (1) In the case of where a grateful patient has either gifted or bequeathed something of relatively considerable value to his doctor, and where the next-of-kin alleges that the doctor has taken advantage of his confidential relations with his patient, and of the latter's weak state of mind, and induced his patient to gift or will something to him which the patient would not have done of his own free will. In cases of this kind doctors probably do not figure so much as members of the other professions, but cases do occasionally occur. Of course there is absolutely no reason why a patient should not

¹ Matcham v. Lacy. *British Medical Journal*, 1901, p. 1121.

give or bequeath to his doctor anything he may think proper, but cases of this kind are always very jealously watched by Courts, if they have not been done through the proper channel. This applies more to a deed of gift than to a legacy, for a clause in a will can be revoked if the testator wishes, but a gift is irrevocable. Occasionally, it has been alleged that a doctor has obtained a patient's signature to documents of this kind by hypnotic practices. Such a case¹ occurred in Blackpool, where a lady made her doctor residuary legatee, and as a very large sum was involved her son tried to reduce the will on the ground that the doctor had used undue influence by means of hypnotism. The Court, however, upheld the will. An old gentleman told his doctor that he thought of leaving a large sum to his housekeeper who had been very kind to him. The doctor advised him to do so, but his advice was not altogether disinterested, for as soon as the old gentleman died he married the housekeeper. The relatives disputed the will and had it reduced, with the result that the doctor was left with the housekeeper and no money.² (2) Where there may be a suggestion that someone else has used undue influence, and where the doctor is called upon to give evidence as to the testamentary capacity of a patient at the time his will or some contract was signed. With regard to testamentary capacity, the Courts seem to decide very much more by the reasonable character or otherwise of the provisions of a will than by the mental state of the testator. The mere presence of delusions, for instance, though an absolute proof of unsoundness of mind, is no bar to the making of a will, provided the delusions do not refer to the testator's possessions—*e.g.*, delusions of great wealth or poverty. The will of a man made when he was 86 years of age, suffering from senile dementia and under certificates, was held good.

Kingsbury *v.* Howard. *Lancet*, 1898, vol. ii., p. 215.

² *Clinical Journal*, vol. xii.

THE CLINIC.

IN its report for the past year, just at hand, the Massachusetts Homœopathic Hospital presents some interesting statements with reference to the treatment of typhoid fever in its wards by the opsonic method. This kind of therapy is now very much in the medical public eye, and the developments with reference to typhoid have national interest, since at the moment there is the likelihood of the adoption by the Army of opsonic inoculations against the disease. More than two years ago the Hospital took up opsonic or bacterial therapy, and last year its Superintendent, Dr. William O. Mann, requested a provision for its continuation, since it had yielded promising results.

During the year 1908 the work was continued, and now Dr. W. H. Watters, pathologist to the institution, appeals to the officers to have the department incorporated as a permanent part of the Hospital work, with a special laboratory, which it is believed it may now be possible to found and maintain. In the speciality of typhoid fever there was established at the Hospital what Dr. Watters characterizes "the first application of opsonic treatment as a routine method ever attempted." Dr. E. E. Allen and Dr. J. H. Moore cared for the patients, and have expressed, both of them, the most favourable opinions concerning the efficiency of the method. During the year seventy-six cases of typhoid were treated at the Hospital, thirty-one with opsonic inoculations and forty-five without. Of those treated the mortality was 3·2 per cent., while of those not receiving inoculations 11·1 per cent. died. It is true that the number in all is not nearly enough to serve for the foundation of a definite statement; still, it is large enough to hold forth great encouragement. Dr. Allen, in his own report of the cases coming under his care, is very certain of the beneficial results of the treatment, which but a short time ago, was considered prophylactic rather than curative. His observations point distinctly to a remedial value for the treatment. "It was a unique and interesting phenomenon," he writes, "to see repeatedly apparently serious cases of typhoid fever, presenting all the usual symptoms, rapidly overcome them and in a few days change the whole complexion of the illness for the better, going rapidly to convalescence." Dr.

Allen treated thirty-one cases with only one death, and in about three-quarters of them he believes the duration of the sickness to have been shortened materially. He is very favourably impressed with the opsonic method, and considers that a long step has been taken forward; and that this treatment of the disease is competent in many cases to effect a cure without other medicaments, save, of course, rational hygiene and careful diet.

Homœopaths are chuckling quite a little to themselves at the trend of modern therapy in which opsonic treatment and autogenous inoculations seem to give colour to the *similia similibus* idea that is the foundation-stone of their own particular medical creed. In a paper read not long ago before one of the local medical societies, Dr. Watters, who is also head of the pathological laboratory of Boston University School of Medicine, spoke of the gratification it was to him to discuss before the Society "these methods of treating disease that are homœopathic, yet which have been developed by non-homœopathic physicians." It will be remembered that the term opsonic defines a number of methods of treating bacterial infection by making one preparation or another of the bacteria causing the disease. In the autogenous vaccination the cure approaches even more nearly the cause, since the preparation is made from bacteria taken from the patient's own system. The principle is, briefly, that the poisonous secretions of the bacteria—those that accomplish the mischief—when diluted, become stimulants and serve to raise the resistance of the individual, especially towards the same kinds of bacteria. The idea certainly does strike the layman as homœopathic. But this is an age that levels diverse opinions, for the world is becoming more and more each day one of interdependence. The astronomer no longer ensconces himself in his tower looking down with disdain on the earth-studying geologist or geographer, but, on the contrary, he is very quick to avail himself freely of their garnered stores of knowledge to answer the problems in his own study. On the other hand, the geologist and physiographer turn to the spectroscope in the hands of the astro-physicist to give to them the story of the past or even the forecastings of the future of the earth; and for answer the sky-searcher tells what is going on in the formation of new

sun and solar systems, or in the decline and death of neighbouring planets. A new idea to-day is an idea for the world, and caste no longer exists among scientific men to prevent any of them from using it. So, no matter what the discovery, whether of physics, natural history or ethics, the physician is instantly to the fore to ask what there may be in it for the benefit of suffering humanity. Whether it be radium, a new form or a new colour of light, a discovery in psychics, or a new method or new material for inoculation, the subject is seized by dozens of skilled investigators, irrespective of school, and made to bring forth what there may be in it of benefit to therapy.

Not long ago Dr. Richard Cabot spoke on the similarities and divergencies of the two leading schools of medicine. With reference to his own school he said: "It has been perfectly just to charge our school in the past with the absence of any principle or law in therapeutics, and to contrast the order and system of homœopathic treatment with the helter-skelter *omnium gatherum* of merely empirical methods. But the contrast is no longer just. Homœopathy has a well-defined law which has been established (like all laws) empirically, and is constantly and properly being subjected to re-verification through careful experiments. We, also, after groping and long years of work, have a law of therapeutics, a principle of therapeutic effort—namely, the principle of immunity, natural and acquired, and of the means whereby it may be attained, augmented, protected." As an expression from the other side of the house, Dr. Watters has stated what seem to him to be many points of resemblance. "I advance a fact that will be accepted by all," he writes as recently as the beginning of the year, "that the only essential difference between the two schools of medicine at the present day is their method of using drugs. In everything else we are in unison. Both schools make use of surgery, of antiseptics, of hygienic and dietetic measures, of massage, of electricity, of vaccination, of antitoxin, and of various adjuvants: in fact, of everything medical other than drugs." In another portion of his paper the latter authority notes that, on the one hand, the high-potentists are now comparatively rare; while, on the other, the dosage in opsonic treatment used by

the dominant school is about equivalent to the fifth to the eighth homœopathic potency.

In pathological methods the homœopaths are working shoulder to shoulder with their brothers, making occasionally an advance that inures to the benefit of both. One of the evidences of the skill in this department of the pathological laboratory of Boston University is that at the recent Tuberculosis Congress in Washington the first silver medal for exhibitions came to it; the first award of all, a gold medal, being given to the combined exhibit of six or eight English institutions.

One of the most valuable of the contributions to science of this laboratory has been the gelatine method of preserving specimens for exhibition and study. Everyone knows how unsatisfactory are the older methods of preparing tissues or organs, or soft creatures in museums, and how dingy and characterless they appear to be when shown in jars of alcohol. The natural history museums have always had this difficulty before them, because their specimens of soft-bodied creatures are not attractive to the public whom they are trying to instruct. In the new method the jar contains a fairly solid, transparent gelatine in which the specimen is immersed and held. It is then as if encased in crystal: it may be examined and studied, and it is preserved in its natural tints and shading. The educational value of an organ prepared in this way is increased enormously, and the specimens are attractive even to the layman. The prize-winning tuberculosis exhibit of the University consisted of pathological specimens of tuberculous infections preserved and mounted in the way that the school has invented.—*The Boston Evening Transcript*.

HEREDITY AND ENVIRONMENT.

BY THE SENIOR EDITOR.

IN a recent post-graduate lecture, Dr. Alex. James, of Edinburgh, says: "Since the times of Pasteur the search for and the discovery of organisms associated more or less directly with the various processes of disease has been assiduous and unremitting, and now the study of the nature and life-history of organisms has become a department of

scientific medicine. But this most useful spirit of research, gifted to the world by Pasteur, has had, as might indeed be expected, an unfortunate as well as a fortunate effect. This is that, inasmuch as it has required the concentrated attention of all who have devoted themselves to the study of the organism as a subject, it has tended to lessen the attention of its devotees to the many and diverse surroundings and associated conditions.

"In this way in the minds of many there has been produced a tendency to magnify unduly the importance of the germ, and to minimize unduly the importance of surroundings and associated conditions. This is, of course, what is always witnessed in the onward progress of scientific thought, and this is what time and fuller consideration and investigation always puts right. To time and fuller consideration it might, therefore, safely be left for rectification, were it not for the fact that at the present time the tendency of the State to concern itself in medical and sociological problems to a greater extent than it has ever done before, has caused the State to seek for counsel and guidance from its scientific medical leaders to an extent which it has never done before.

"If now, in the advice and counsel which it gets, there is something which lacks what time and fuller consideration would have given, and if this something, instead of remaining a simple and harmless scientific hypothesis, which can change with every breath of heaven, becomes a hard-and-fast legal enactment, it is evident that our science, instead of being a powerful factor for good to the State, may be one of harm.

"And now to concentrate what has just been said on the subject of pulmonary and other tubercular diseases. You all know that for the eradication of tubercular disease efforts to kill off the germ are by some regarded as all-important, whilst, by others, efforts to improve the condition of the soil are regarded as the *sine qua non*."

These are pregnant sentences, and will appeal to all thoughtful persons. It will be noticed that Dr. James, with characteristic caution, does not say that the various organisms are the *causes* of the various diseases, but that they are "associated more or less directly with the various processes of disease." To this statement no one will object, though some

might object had the lecturer said that the organisms were the *prima causa morbi*. The present writer would for one.

It is always grateful and comforting to be able to lay the blame of our own misdeeds on someone else. In upholding heredity as the predominating factor in the construction of a life, a degree of parental responsibility is involved which many parents are inclined to fight shy of. It is far more pleasant for a man whose child is tuberculous, or imbecile, or morally insane, to be able to say, "This was due to a chill, or to a fall in childhood, or to a careless nurse," than to admit that the fault is his own, and that he never ought to have married at all, having himself been tuberculous, or insane, at some period in his past life. To the thoughtful man the grim fact of parental responsibility, moral as well as physical, is truly overwhelming; and notwithstanding all our excuses and elaborate subterfuges we cannot get rid of this grim fact. True it is that there cannot be a perfect ancestry, and without this there can be no perfect child. A "perfect ancestry" does not mean merely a *single line* of ancestors. It means a network of ancestors, every one of whom must have been capable of bequeathing every mental, moral, and physical faculty quite faultless. If we go no further back than the *fourth* generation, there must be thirty people every one of whom must have been thus perfect before this ideal child can appear. *Thirty!* and we cannot find *one* perfect ancestor. Abraham's quest in Sodom was easy compared with this. At the same time it is childish, nay, imbecile, to shut one's eyes to the real facts. The mere fact of not admitting these facts does not extinguish them. The facts of heredity and of parental responsibility are there, whether we admit them or not. "Ever since the days of Adam there has been a hereditary tendency in man, whenever any misfortune happens to him, to lay the blame for that on something outside himself. Adam blamed the woman; subsequently, by his progeny, the devil has often been blamed; at present the tendency is to blame the germ. We can easily understand why the people cling to the germ for reprehension. The idea acquits the individual, and with him his family, of all responsibility for his illness. And, although it fixes the responsibility on some other thing, or other individual, or perhaps in these days on the State, this is

usually done so vaguely that no great general dissatisfaction is excited."

Dr. Alex. James is evidently not a profound theologian, else he would have noticed that Adam in reality blamed the Creator Himself. He says "The woman whom *Thou gavest* to be with me." He thus lays the blame on the Creator Himself. The lapse was due to the circumstances, the environment in which the Creator had placed him. It is the same to-day, for human nature is unchanged and unchangeable. The facts of heredity are mysterious. It is passing strange that a parent, in seeming health, in the perfection of maturity, should transmit to the offspring those conditions, in germ, which shall be changed into the exact imitation of the parent's self, not only in the fulness of health, but in all the infirmities of yet future age. It is a universal law to which there are no exceptions, that that which is born inherits and holds for ever the same nature as that which begat it and bore it. Rickets artificially produced has been taken advantage of to produce a new breed of dogs, *e.g.*, Dachshund and field spaniel. Generations of bad feeding has produced Shetland ponies, but however well fed now they can never be converted into race-horses.

We turn now to the other aspect of the question, viz., environment. According to a certain class of would-be reformers of the present day—the predominant class, in fact—heredity as far as regards the welfare of *individuals* matters little, but environment is everything. They say, and with apparent justice, and therein lies the danger of the argument, that nearly all children are healthy when born. Hence the prevalent excess of illness and defectiveness, whether mental, moral, or physical, must be attributed to environment. This being so, all we have to do is to furnish an ideal environment, and hey presto! a rejuvenated earth and the dawn of the millennium! On this subject, Ethel M. Elderton, of the Galton Laboratory for National Eugenics, has written some weighty words; she says:—

"Practically all social legislation has been based on the assumption that better environment meant race-progress, whereas the link between the two is probably that a genuine race-progress will result in a better environment. The views of philanthropists, and of those who insist that the race can

be substantially bettered by changed environment, appeal to our sympathies, but these reformers have yet to prove their creed. So far as our investigations have gone they show that improvement in social conditions will not compensate for a bad hereditary influence; the problem of physical and mental degeneration cannot be solved by preventing mothers from working, by closing public houses, or by erecting model dwellings. The only way to keep a nation strong, mentally and physically, is to see that each new generation is derived chiefly from the fitter members of the generation before."

Like the question as to the Origin of Evil, the question as to the effect of environment has been one of the riddles of all the ages. Both questions are as old as the human race, indeed are prehistoric. One thing is quite certain, that when an individual or a nation degenerates physically it will always be found that *moral* degeneration has preceded the physical. To this rule there is no exception. It is quite correct therefore to say "that a genuine race-progress will result in a better environment." But "a genuine race-progress" means in the *first* place an improved morality, and in the *second* an increase in size and strength of the physical frame. There is an old book, or rather a collection of books included within one cover, called the Old Testament. The writers of these books are various, but there is a wonderful harmony running through them all, though the writers were quite ignorant of each other, and from the first to the last a period of time intervened, counted probably by thousands of years. The first book is called the "Book of the Beginnings," and it is rightly named, for the beginnings of most things are those recorded. Even the questions which are now agitating the Galton Laboratory are mentioned. We there see the origin of evil, and the beginning of moral and physical degeneration, in the most ideal of all environments. Call the story, if you will, a "myth," a primitive Semitic legend with a Babylonian background; but no other explanations yet brought forward (and they have been legion) can fit the facts one-half as well. The reformer who sees in environment the end-all and the be-all of national progress advocates education, garden-cities, beautiful houses, a lightening of hard physical labour, with time to enjoy all these beautiful things, all with the object of

making people better. Now all these things are right and proper; we would be glad to see the slums replaced by garden-cities, and sweating by a rather more than living wage. But these things will not make people better, though it may make them more comfortable. Unless the betterness begins within the individual, palatial residences will in a short time become a kind of glorified pigsties, and garden-cities worse than a wilderness. Had these would-be reformers pondered deeply on the first few chapters of Genesis, they would then have discovered the futility of mere external environment to make people better. To call the story there given a dramatization of the origin of evil, or a myth, in no way detracts from its value; the question even of inspiration, verbal or otherwise, in no way affects it. A *myth* is not the same as a fiction or a fable. Underlying a myth is some historical fact or facts, whereas a fiction or a fable is merely the product of imagination, used to "point a moral or adorn a tale." Mythology is *not* the product of stupidity, nor is it a sign of primitiveness, but is the tool of the keenest of intellects and is used for the highest purposes. In this old story of the Garden of Eden we read the great and terrible truth, which history, not less than individual experience, teaches each one of us. The main use of language is not merely to furnish "material" for the grammarian or philologist, but to convey "ideas," mental images or pictures, to be apprehended and translated by the understanding. Words are but the "counters" of wise men, though they are the money of fools.

In the last sentence of the extract quoted, we are told, "the only way to keep a nation strong, mentally and physically, is to see that each new generation is derived chiefly" (Why *chiefly*? Why not *entirely*?) "from the fitter members of the generation before." "Mentally and physically," but what about *morally*, the keystone of the edifice? What does the writer exactly mean by the phrase, "fitter members of the generation before"? We confess to have little liking for the gospel of the "survival of the fittest," which is equivalent to the *salvation of the few*. A real gospel must not miss one out; it must be for all, understandable by all, even by the meanest and most lowly of intellects. *Everyone must have an equal chance*, according to his capacity. The idea of the "survival of the fittest" is to

produce a majority of failures, in order to support a minority of successes. Science says it is a winnowing out of the bad or inferior, in order that the best may alone ultimately survive; a sort of competitive examination with a few firsts and a great number of rejected candidates. The "fittest" from the standpoint of evolution are but splendid animals, at best magnificent savages, and who will, as opportunity serves, become again systematic ruffians and drive the weak and feeble ones to the wall. It is but a cultivation of the "flesh" (in the Pauline sense, not mere muscle and bone) to its highest possible extent. This "flesh" in action is seen all through the commercial, professional, and even the religious (though modified to suit the occasion) worlds of to-day. But such is not the gospel that will keep a nation strong in any sense, though it is the gospel of the "survival of the fittest." It is but the gospel of "enlightened selfishness," and so far as making people *better* is concerned, is barren as the east wind. We will have none of it, but consign it to the bottomless abyss which is its proper home.

An innate sense of justice leads men to say that all men are equal, and that everyone must get an equal chance. But in what way are all men equal? Not in intellect, not in bodily vigour, but in the Creator's sight, who must have an equal and fatherly love towards each individual man; each single soul must be equally precious and valuable in His sight; in that sense all are equal, nor is there any difference between the king and the beggar. The admission to the *Civitas Dei*, outlined by Augustine, Bishop of Hippo, is a rigidly one-portal system. Each individual of the human race is not *merely* a unit of the mass of mankind, a product of his time and environment, as science proclaims in tones of triumph. In the centre of his being even the meanest and most humble is in touch with the Eternal. Each no doubt has a physical body related to time and space, but this is the least important part, though it is the only part of which eugenics has any cognizance. Each, too, has a timeless part, unfettered by space—the part akin to the Eternal. In this sense all *are* equal, but in no other, and the sooner our social reformers recognize this fact the better, for it is one of the "fundamentals." I am quite ready to acknowledge our mysterious

kinship to the lower animals, but that has to do with our physical frame, "the body of our humiliation": not "our *vile* body," as the older theologians were wont to term it: it is *not* "vile"; the proper translation is "*the body of our humiliation.*" This is the part that what we call death strips us of, while it leaves the real man, the timeless past, untouched and unaltered. But we are conscious also of kinship to a life that is above us, as well as to a life that is below us. Of this higher life science knows nothing. The moral faculty is something which lies altogether outside the sphere of evolution, for science knows of no laws which are not uniformly obeyed. But in morals we have to do with laws which we can obey or disobey. No system of eugenics is complete that does not take cognizance of these great facts; to ignore them, and then make calculations on such a defective basis, with one-half the factors left out (and that, too, the most important ones), can only end in disappointment and disaster—be, in fact, a mere repetition of the failures of the past.

We will conclude this article by giving some comments by *The Hospital* on Ethel M. Elderton's pamphlet:—

"Those who believe, as we do, that the conclusions of this pamphlet are just and true, that by comparison with the endowment which is directly transmitted from parents to offspring, all other considerations vanish into insignificance, may well view the future of the race with some apprehension. Everywhere we see a shrinking prolificity among those classes in which there exists some sense of the responsibility of potential parentage, while the uncontrolled instincts of the lower types among us supply a continuous accretion of individuals similarly unendowed. It is hard not to give way to pessimistic forebodings when one contemplates the logical sequel to a continuance of this process. No stock possesses so much intrinsic merit that it can permit itself indefinitely to be propagated from its least efficient elements, at least with impunity. And it is unhappily true in the present day that the less a man appreciates the responsibilities of parentage the larger is his family. It is often held up as a rebuke to the "better classes" that they marry late, and that their families are small; but to a dispassionate observer it seems no grievous sin to hesitate about bringing into the world children fore-

doomed, by reason of hasty and ill-considered marriages, to defective health, or children in such numbers that adequate provision cannot be made for them. If we are really concerned for the mental and physical welfare of future generations it is time we were done with beguiling ourselves that the ban of heredity can be removed by judicious environment. Nothing is more certain than that such removal is impossible, though palliation of the mischief may be achieved. The rights of the unborn do not trouble us much, but if there be one thing more than another which might be held the prescriptive right of every human being, especially in this much-vaunted civilization of ours, it is the right of beginning life sound in body and mind. We are beginning to evince a sensible, though late, solicitude for the children that are. What is required now is an awakening of interest for the children that are to be. Let us put aside this childish disregard to the hard facts of heredity, and teach our people how true it is that figs do not grow on thistles, and that fathers and mothers are to a large extent re-incarnated in their children. If we are to maintain our greatness this truth must be hammered home, that an Englishman can commit no greater crime than to bring into the world an hereditarily enfeebled child."

One hardly wonders at the pessimism of our contemporary; there is much room for the apprehension with which it views the future of the race. But the point to be deplored, the *fons et origo mali*, is the *moral* degeneration. We have insisted already on the fact that history, as well as individual experience, so pointedly teaches, that *moral* always precedes *physical* degeneration. From the point of view of evolution there is certainly very little comfort to be derived as to the "progress of the race" in the past, nor do we see any reason to think that the future will introduce any great improvement and development of human nature. It is a significant fact that nineteen centuries of study and practice have failed to produce a single solitary instance of perfect resemblance (or anywhere near it) to the type of perfect manhood, as exhibited in the "Man of Galilee."

But there *is* a great improvement and development yet to take place; but how? Not by education, nor by legislation,

nor by "eugenics" as taught at the Galton Laboratory. Nevertheless there is a profound truth in this doctrine of "eugenics," of *good-begetting*, but it is a mere type or shadow of the real and essential form. It is a *new nature* that is needed, and this can only be got by *birth*. Hence the reasonableness of the self-evident statement, "Ye must be born again"—or, as some would translate it, "Ye must be quickened anew from above." But the word "born" is better, for a new nature can only be got by *birth*; re-formation of the old elements, education, &c., can never originate a new nature; they can only make alterations and repairs on the old. But true generation from a Divine Being must imply in the one generated the possession of the same Divine nature. Here, then, we find the true "good-begetting" (eugenics), and each member of the twice-born race has a perfect ancestry of indefinite extension backward; and in a single direct line, for God has no *grandsons*.

Federal Head of this new race is the Son of Man, who in the days of His flesh was not only a manifestation of God (in a sense every good man is this) but was God Manifest. He did not merely come to show us the way: He *is* the way. All the forces of heredity act in favour of such a race: there can be no "reversal to type," because the type is never departed from: every member of the race belongs to the "fittest," and all survive. Given a race with such an endowment and with such a heredity, we may well leave the environment to look after itself; for in the light of this all other considerations vanish into insignificance.

Reviews of Books.

Adenoids treated without Operation. By J. Roberson Day, M.D.Lond. James Epps and Co., Ltd. Price 1s net.

This is an excellent little book. It is written, we presume, in the first instance for the public rather than for the profession, but even "the profession" will find some very useful hints and examples in it. At the present time, even in the old school,

there is some doubt arising as to the advisability of operation in cases that twenty years ago would have been condemned to the knife without hesitation. This is specially so in regard to tubercular affections and its various modifications, of which we have already regarded "adenoids" as one. We sometimes fear that our own men, the "enlightened ones" of the medical profession, are not quite so decided on this point as they might be. That is not as it should be; for if old school practitioners hesitate, with how much more reason ought we? We hope this little book will tend to cure the doubting ones, and confirm the feeble knees.

Rademacher's Universal and Organ Remedies (Erfahrungsheillehre). Abridged and translated by A. A. Ramseyer. "Prove all things; hold fast that which is good." 104 pp. Cloth, \$1.00 net. Postage, 5 cents. Philadelphia: Boericke and Tafel, 1909.

This little book is well done. To abridge and translate a German book "appearing in two large volumes of over 800 pages each" is no mean task. So well is the task accomplished that we are now presented with a small book of 104 pp. Posterity ought to be grateful to the Editor who has performed this Herculean labour. It is a task even greater than that which fell to the editor of the English presentation of Professor Teufelsdröckh's remarkable Treatise on *Clothes: their Origin and Influence*—"a volume of that extensive, close-printed, close-meditated sort, which, be it spoken with pride, is seen only in Germany." Like it, too, it is possible that Rademacher's extensive work consisted of "boundless, almost formless contents, a very Sea of Thought; neither calm nor clear, if you will, yet wherein the toughest pearl-diver may dive to his utmost depth, and return not only with sea-wreck, but with true orients." For the little book and its author we have nothing but praise. Is the "Review" expected to end here, or must we go on and discuss the teachings contained? We frankly confess that we have little patience or inclination for this task. Rademacher was a contemporary of Hahnemann, and appears to have been a very estimable man. But why did he publish an "empiric medical practice" when this

same Hahnemann placed medical practice on a *scientific* basis, so that there was no excuse for an enquiring mind to be bound by the fetters of empiricism? Did Rademacher know of Hahnemann's claims and works, only to reject them, and did he yet plough with Hahnemann's heifer? These are questions on which one desires fuller information. Had the work been produced in the days of Hippocrates, it would have been great in more senses than one; but produced in the days of the "Messiah of Medicine," its merit is of but a very mediocre sort. Who cares for the light of a farthing dip in the full blaze of the mid-day sun? Rademacher wrote his book when he was nearly 60 years old. Perhaps some would suggest, as it has been suggested of Hahnemann, that this was Rademacher in his "senility." Be that as it may, there is one great difference in their mode of practice. Rademacher treated *diseases*, Hahnemann treated *patients*. The former made shrewd guesses, the latter proved each step with the exactness of a scientific experiment. What benefit is it to me to be told that this or that medicine "cures" this or that disease, since what we regard as the same disease affects every victim in a different manner.

In regard to "organ remedies," to assume that this or that organ is alone affected is far too haphazard a method to satisfy the scientific physician; it leaves far too much to mere guesswork. Of course, now and again one may make a lucky hit, but the chances are decidedly against one doing so. The method reminds us of some of our student friends who had just two prescriptions—the one for every disease above the diaphragm; the other, every disease below it! I do not doubt for one moment that Rademacher's method was immensely superior to the ordinary allopathic practice of his day; nay more, superior to it even to-day, but it is just as immensely inferior to the homœopathy of Hahnemann. To say that "organopathy is homœopathy in the first degree" is absurd, and equally absurd to say that "homœopathy may be said to be based upon organopathy." In this country the late Dr. Sharp was perhaps the greatest exponent of "organopathy." But all such methods, which put a *part* in the place of the whole, are bound to fail. Hahnemann's law is applicable to *all* cases, but "organopathy" breaks down for two reasons:

(1) That it is often impossible to diagnose the organ primarily affected, and (2) that *every* well-proved medicine acts on *every* organ of the body. Keeping these pitfalls in mind, this little book is well worth reading, and even the youngest amongst us may find some hints which will be useful in practice.

Notices, Reports, &c.

NORTHERN COUNTIES THERAPEUTIC ASSOCIATION.

THE fourth meeting took place at Leeds on Thursday, September 30; Dr. H. G. Stacey presided.

Dr. Edwin Neatby, of London, gave a paper on "A Pathogenetic and Clinical Study of some of the Lime Salts." Having pointed out the different sources from which our knowledge of the action of the lime salts is derived, Hahnemann's provings, the experimental injection of lime salts into the blood-stream of animals, the results of deprivation of lime salts both in human and animal life, &c., Dr. Neatby gave some of the conditions which the *calcareæ* salts will cure, and gave records of cases in illustration. Perhaps the most interesting portion of the paper was that giving a comparison of the symptoms of the disease neurasthenia with the symptomatology of *calcareæ*.

As to dosage, Dr. Neatby thought that that varied as the symptoms to be treated coincided with the primary or secondary drug effects. Low dilutions for symptoms akin to those associated with the primary effects, and high dilutions for symptoms corresponding to the secondary effects.

The rest of the time at the disposal of the members was taken up by the discussion, all present having something to say or questions to ask.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the Session was held at the London Homœopathic Hospital on Thursday, October 7; Dr. Statham, Vice-President, was in the chair.

The Chairman announced that Dr. Macnish, the Presi-

dent, was unfortunately unable to be present owing to an accident met with in New Zealand, which had resulted in septic inflammation of the arm, and that he was not expected to arrive in England till December ; the Presidential Address would therefore not be given till next year.

The minutes having been read and confirmed and the preliminary business transacted, Dr. Stonham vacated the chair in favour of Dr. Byres Moir, and read his paper on *phosphorus*. He began by stating that his paper had been written in order to accede to a desire expressed that some of the papers in the Materia Medica Section read before the Society should approach the subject from the side of the drug rather than from a therapeutic standpoint. He had chosen *phosphorus* as being a drug of wide action and of a well-ascertained pharmacology. Starting with the known chemical data of *phosphorus*, he commented on the antidotal actions of oxidized *turpentine* and *permanganate of potash*, and proceeded to discuss the influence of *phosphorus* on the bones, the blood-vessels and the nerves. Cases of poisoning were related, and the fact noticed that *phosphorus* is a remedy influencing tissues rather than organs, and that it produced but little organic change in the nervous system, notwithstanding its great effect on nerve function. It was pointed out that the action of *phosphorus* was often delayed, that poisonous symptoms took several hours to develop, and that sometimes the symptoms would abate and be followed by a quiescent period, possibly of weeks' duration, and would then recur with even fatal result. The keynote to most of the symptoms is to be found in the power of *phosphorus* to cause a fatty degeneration of the tissues, especially of the liver and kidney cells, and of the muscular fibres of the heart and arterioles, the latter being the proximate cause of the hæmorrhages so characteristic of phosphorus poisoning.

The sequence in which symptoms are developed was emphasized, viz., first the gastro-intestinal, followed at an interval by the respiratory, later on the bone affections, then the hæmorrhages from fattily degenerated blood-vessels, later still the affections of the nervous system, and last of all the skin eruptions. The symptoms of these systems were then examined more minutely, and the correspondence between

pathogenetic and therapeutic effects illustrated by a number of clinical cases. Finally the type of constitution most favourably acted on by *phosphorus* and the modalities of aggravation and amelioration characteristic of the drug were given.

In the discussion which followed, Dr. Byres Moir mentioned the case of a patient who came to him imploring him to give him something to cure his nervous dread of thunderstorms, a symptom very characteristic of *phosphorus*. He also related cases of arterio-sclerosis accompanied by retinal hæmorrhages which had been cleared up by it. Dr. Eadie mentioned that *phosphorus* predisposes bony tissue to be attacked by tuberculous caries, and related a case of hæmatemesis which was cured by it. Dr. Neatby raised the question of attention to primary and secondary symptoms, and asked whether it would not be well in selecting a drug to make sure that it is selected on account of symptoms that are all primary or all secondary, and not a mixture of the two. He remarked on the similarity of the nervous symptoms of *phosphorus* to those which occur in cerebral neurasthenia. Dr. Purdom (Croydon) mentioned several cases illustrative of the curative powers of *phosphorus* and gave his personal experience of its value in laryngeal cough and in attacks of giddiness. Dr. Stonham, in replying to the point raised by Dr. Neatby, said that inasmuch as the symptoms of *phosphorus* came on in sequence at considerable intervals, the secondary effects of the symptoms belonging to one system would be present, while the primary effects still persisted in others; e.g., the primary effects produced in the alimentary system might have been exhausted and followed by the secondary, while the effects on a system acted upon later, like the respiratory or the nervous, might still be in the primary stage. He thought, therefore, it would not do to restrict our choice of indications for the remedy to either primary or secondary effects alone.

B.H.S. GOLF.

FINAL ROUND.

THE final round in the Golf Tournament for the possession of the Dudgeon Cup was decided on October 1, at Sundridge Park.

The finalists this year were Byres Moir and C. Pritchard. The latter, who motored up from St. Leonard's, had had his handicap reduced the week before to 10, so he conceded a stroke to his opponent in each round, Moir's handicap being 11.

Owing to the recent wet weather the links were very heavy and soft, which prevented anything like low scoring, but the match was keenly fought out and only settled on the 35th green. Pritchard drove off, but failed to clear the first bunker. His opponent, having better luck, bounded over and reached the edge of the green in 3 and easily won the 1st hole. At the 2nd hole Pritchard topped his drive, and was again in trouble with his 3rd, just failing to clear the bunker guarding the green. However, he got well out on to the green and almost halved the hole with his putt, only missing it by an inch. At the 3rd hole, after two good drives, Moir fluffed his approach and his putt ran over the tin, Pritchard holed out in bogey and secured the hole. At the next hole both landed on the green, but Pritchard was unfortunate, his ball resting on the lip, while Moir's found the bottom of the can. Pritchard secured the next hole, Moir's second landing in the stream, requiring him to lose a stroke. At the 6th both got in fine drives, but Pritchard failed to clear the bunker and took 3 to get out. Moir found the pot bunker to the side of the green, but secured the hole in 6. At the next Pritchard landed in the rough, but made a grand recovery, landing on the green, and holed out in one less than his opponent, who kept out of the trouble. At the 8th hole, after a fine drive Moir pulled into a bunker, which cost him two strokes, and Pritchard made the match all square. At the 9th hole Pritchard had to concede a stroke, but his opponent made no mistake and holed out in bogey. At the long hole though Pritchard pulled into the rough he got well out and the hole was halved in 6. The next hole was also divided; Moir, though half stymied, just managed to screw round in time. At the following hole both were on the green in 2, but Pritchard left himself too long a putt, and so lost the chance of a half. At the 13th Pritchard was stymied and had to be satisfied with halving the hole. The 14th was divided, Moir's ball seeming to go in and out again. The 15th went to Moir, Pritchard's ball resting on the edge of the hole. The 16th hole looked

almost a certainty for Pritchard, Moir being short with his drive, while the former got well past the bunker. Moir, however, made a good recovery, and getting down a 9 ft. putt secured the hole, a lump of mud bringing his opponent's ball up dead 2 in. short of the hole. The pond hole was divided and the 18th fell to Pritchard; Moir thus finishing the first round 3 up. After lunch both started well with clinking drives, the 1st hole being divided. Pritchard was again in trouble at the 2nd hole as before, but Moir put his second shot dead and holed out in par. The next two were halved, Pritchard again, owing to a stymie, having to rest satisfied with a half instead of a win. At the 5th Moir sliced into the rough with his drive, Pritchard getting well away, but his next found the stream. Both were together on the green, but Pritchard missing an easy putt gave the hole to Moir. The 6th was halved in 5. The next drive landed Moir in the near bunker, but he got well out with his second and reached the side of the green in 3. Pritchard was over the green in 2, but failing to get out of the long grass in one, the hole was halved. At the 8th Pritchard pulled a long ball into the rough, but in the end got down a long putt and won the hole. At the stroke hole Moir again made no mistake, and won easily without making use of it, and so started home 5 up and 9 to play. The next two holes fell to Pritchard, but his ill-luck had not forsaken him, for at the 12th his ball rested on the edge of the hole, only allowing him a half. The 13th hole was also halved. At the 14th, though Moir was in front all the way, his putt lipped the hole and Pritchard snatched the advantage. At the 15th both got into the long grass, but were on the green in a like number, Moir's ball overshot the hole and Pritchard got down, reducing his adversary's advantage to 1 up. At the 16th Pritchard's ball hit a tree, but both were on the green in 3 and the hole halved. At the 17th both landed on the green, but Moir got down with his second putt, Pritchard's ball resting on the lip, requiring only $\frac{1}{2}$ in. to halve the hole and take the match to the last green, thus leaving Moir the winner by 2 up and 1 to play.

H W T.

| FIRST ROUND. | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|
| No. of hole | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| Bogey ... | 5 | 4 | 4 | 3 | 4 | 4 | 4 | 5 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 4 | 3 | 4 |
| Moir ... | 6 | 6 | 6 | 3 | 7 | 6 | 5 | 9 | 5 | 6 | 5 | 4 | 5 | 6 | 5 | 4 | 4 | 5 |
| | + | + | - | + | - | + | - | - | + | 0 | 0 | + | 0 | 0 | + | + | 0 | - |
| Pritchard ... | 8 | 7 | 4 | 4 | 5 | 8 | 4 | 7 | 1 | 6 | 5 | 5 | 5 | 6 | 6 | 5 | 4 | 4 |
| SECOND ROUND. | | | | | | | | | | | | | | | | | | |
| Moir ... | 6 | 4 | 5 | 3 | 7 | 5 | 6 | 7 | 5 | 9 | 6 | 5 | 5 | 6 | 7 | 5 | 3 | |
| | 0 | + | 0 | 0 | + | 0 | 0 | - | + | - | - | 0 | 0 | - | - | 0 | + | |
| Pritchard ... | 6 | 1 | 5 | 3 | 8 | 5 | 6 | 6 | 7 | 8 | 4 | 5 | 5 | 5 | 6 | 5 | 4 | |
| + = Win. - = Loss. 0 = Half. | | | | | | | | | | | | | | | | | | |

THE BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

SUBSCRIPTIONS and Donations received from September 15
to October 15, 1909.

GENERAL FUND.

| | | Subscriptions. | | Donations. | |
|-----------------------------|-----|----------------|-------|------------|-------|
| | | £ | s. d. | £ | s. d. |
| Dr. James Johnstone ... | ... | ... | ... | ... | ... |
| E. Ford Duncanson, Esq. ... | ... | ... | ... | 2 | 2 0 |
| Miss Gibb ... | ... | ... | ... | 2 | 2 0 |
| W. Lee-Mathews, Esq. ... | ... | 2 | 2 0 | 0 | 10 6 |

* Omitted by mistake from our October issue.

COMPTON BURNETT FUND.

| | | | | | |
|------------------|-----|-----|-----|---|-----|
| Major Lister ... | ... | ... | ... | 1 | 0 0 |
| Mrs. Clarke ... | ... | ... | ... | 3 | 0 0 |
| Mrs. Ronalds ... | ... | ... | ... | 5 | 0 0 |

LADIES' NORTHERN BRANCH.

| | | | | | |
|-----------------------------|-----|-----|-----|---|-----|
| Mrs. M. L. Cohen ... | ... | ... | ... | 1 | 1 0 |
| E. Shonock-Eccles, Esq. ... | ... | ... | ... | 1 | 1 0 |

The following Committees have met during October: the Finance Committee on Monday, October 4; the Medical Committee on Wednesday, October 6; and the Executive Committee on Wednesday, October 13.

LECTURES.

Public lectures will be given at Chalmers House, 43, Russell Square, W.C., on Wednesday, November 10, and Wednesday, December 8, at 8.30 p.m. On November 10, Dr. James Johnstone, B.A., M.B., C.M., D.P.H.Aber., will give a lecture entitled "Hahnemann's Life," a Sketch illustrated by lantern slides; and on December 8, Dr. C. E. Wheeler, M.D., B.S., B.Sc.Lond., Assistant Physician London Homœopathic Hospital, will lecture on Arsenic.

All those interested in homœopathy are cordially invited to attend. Further particulars may be obtained from H. J. T. Wood, Esq., Secretary, Chalmers House, 43, Russell Square, W.C.

LADIES' BRANCH.

THE attendances at the Dispensary continue to increase satisfactorily, though we fell short of our hoped for 200 last month.

For the last quarter the numbers read as follows. July: patients, 56; attendances, 116. August: patients, 73; attendances, 149. September: patients, 74; attendances, 192; showing a steady rise which is very encouraging.

A small Sale of Work in aid of the funds will be held by Mrs. Thirlby, Mrs. Stephenson, and Mrs. Henry Wood, on Wednesday, November 17, at 32, Clanricarde Gardens, W., from 2 to 6 p.m. The Committee of the Ladies' Branch will be most grateful to anyone who will interest their friends in this little effort on behalf of an institution which it is felt is doing great good, and which it would be a calamity to have to close for lack of funds.

We have sufficient money in hand (and promised) to carry us through to the end of the financial year, March 31, 1910; but the sum raised by this Sale of Work is required to keep us going while the subscriptions due in February, March, and April are being collected. Our estimated expenses are about £27 a quarter; the receipts from patients are now about £4 a quarter.

BOOKS AND PERIODICALS RECEIVED.

St. Louis Medical Review, The American Physician, The Calcutta Journal of Medicine, Medical Century, The Medical Times, The Vaccination Inquirer, Le Mois Médico-Chirurgical, The Hahnemannian Monthly, The Chironian, The Homœopathic Envoy, The New England Medical Gazette, Pacific Coast Journal of Homœopathy, The Medical Brief, The Homœopathic Recorder, The North American Journal of Homœopathy, The Homœopathic World, The Indian Homœopathic Review, Universal Homœopathic Observer, L'Art Médical, Revue Homœopathique Française, Revue Homœopathique Belge, The London Graduate.

THE BRITISH HOMOEOPATHIC REVIEW.

DECEMBER, 1909.

Editorial Notes and News.

. The Editors would be very glad if those who kindly promised contributions to our pages would send them on at the earliest possible date.

Plumbism by Pulmonary Absorption. SIR THOMAS OLIVER, in his address on "Modern Moods and Movements in Medicine," delivered at the opening of the Post-graduate course of study, Glasgow Royal Infirmary, remarked on the absorbent function of the lungs in the cases of tubercle bacilli and of the dust of white lead. That whereas recent experiments had shown a much greater likelihood of infection by the former through the alimentary canal than had hitherto been supposed, in the case of the dust of white lead, which has always been thought to gain access to the system by the alimentary tract, carefully planned experiments by Goadby and Goodbody show that even in lead workers absorption of inhaled white lead dust by the epithelium of the pulmonary alveoli plays a more important part in the causation of plumbism than absorption by the alimentary canal.

* * * *

Pathology of Lead Poisoning. DRS. GOADBY AND GOODBODY have contributed to the *Lancet* a paper on the results of experiments made on cats in order to determine the pathology of lead poisoning. Their experiments pointed very definitely to the lung rather

than the stomach as being the port of entrance of the poison. They produced acute poisoning by keeping the animals in cages and impregnating the air to be breathed with the dust of white lead and other compounds such as lead acetate, litharge, lead dust from de-silverizing works, and lead bisilicate of a form used in the potteries. The lead dust was found to enter the lung, where it became absorbed and produced all the symptoms of poisoning. When alcohol was given in addition to lead the susceptibility to poisoning was increased, and the latent period diminished. In all the tissues examined, an engorgement and increase in the size of the blood-vessels were found, and numbers of minute microscopical hæmorrhages were everywhere apparent in the brain, cord, liver, kidney, lung, &c. The veins rather than the arteries appeared to be the source of the hæmorrhages.¹ Very noticeable was a distinct blue-black staining of the upper half of the cæcum and extending into the vermiform appendix. This latter fact is interesting in view of the case described by Nash in his *Leaders in Homœopathic Therapeutics* in the following passage: "The father-in-law of Dr. T. L. Brown, over 70 years of age, was attacked by a severe pain in the abdomen. Finally a large, hard swelling developed in the ileo-cæcal region, very sensitive to contact or to the least movement. It began to assume a bluish colour, and on account of his age and extreme weakness it was thought that he must die. His daughter, however, studied up the case, and found in Raue's 'Pathology' the indications for plumbum as given in therapeutic hints for typhlitis. It was administered in the 200th potency, which was followed by relief and perfect recovery."

* * *

Facts and Fancies.

It is truly necessary for us all to keep our minds open to the distinction between what is fact and what is fancy. But in endeavouring to do so it is safer to base the proof of our facts on observation, than on theory. We think Professor Dixon can hardly have followed this course in

¹ They conclude from their experiments that the essential and primary action of lead intoxication is the production of minute and microscopical hæmorrhages in various portions of the body, including the nervous system.

formulating some of the statements made by him in his paper, read before the Therapeutics and Pharmacological Section at the seventy-seventh meeting of the British Medical Association, entitled "Facts and Fancies in Pharmacology." He said: "Tradition still endowed certain drugs with actions which they did not possess. Opium was devoid of local action, yet there were in the Pharmacopœia three preparations for local application. Hydrocyanic acid was prescribed for the local relief of gastric pain in doses far too small to have any action at all. . . . Belladonna had no action in stopping the secretion of milk, for atropine could only act upon nerve endings, and the mammary gland was without nerves. Salts of potash were regarded as depressant, yet vegetarians were accustomed to take as much as 80 grains per diem." No doubt Professor Dixon has theoretical reasons for considering the traditional belief in the efficacy of the drugs as used above to be fanciful. But as long as we continue to see pain relieved by opium locally applied, gastric pain alleviated by small doses of hydrocyanic acid, or the secretion of milk checked by the application of a belladonna plaster, we shall persist in regarding the actions attributed to these drugs as facts. Nor should we, because vegetarians enjoy good health, care to take 80 grains of the carbonate, much less the chlorate, of potash daily for any prolonged period.

* * * *

THERE is an article by Dr. John C. Thresh in the October Number of the **Chlorine as a Water Sterilizer.** *Journal of Clinical Research*, strongly advocating the use of chlorine or the hypochlorites for sterilizing drinking water. An old disinfectant is thereby rehabilitated after being for a long time put aside in favour of a host of others of various chemical constitution. Dr. Thresh concludes that most waters can be sterilized by the addition of one part of chlorine, or its equivalent of hyperchlorite of sodium or calcium, to one million parts of water. When organic matter is absent from the water one part of chlorine will destroy the *Bacillus typhosus* in two million parts of water, whereas it requires 1 per cent. of phenol to affect the same object. So that chlorine is 10,000 times more efficient than phenol as a disinfectant of water containing typhoid bacilli.

The presence of organic matter in the water renders necessary the employment of a larger quantity of chlorine, as the organic material uses up chlorine which would otherwise be available for destruction of the bacilli. Well-oxidized sewage effluents which have been clarified by filtration can be practically sterilized by the addition of four or five parts of chlorine to the million, at an exceedingly low cost. This process has the additional advantage that it can easily be combined with others for softening water or rendering acid water alkaline, without additional machinery or plant being necessary.

It has also a very marked effect on the *B. coli*, for it will destroy this organism as well as the *B. typhosus* when added to water containing them in quantities not sufficient even to procure complete sterilization.

* * * *

**Are Vaccines
Injurious ?**

DR. SAMUEL WEST raises this question in an address delivered before the Medical Society of London on October 11. He asks "whether the prolonged administration of these remedies over weeks and months may not produce serious effects upon the general health. I have myself observed a few cases in which a profound cachexia developed from which the patient died. The result was attributed to the disease, and perhaps rightly. Yet I could not help feeling some doubt whether it was not, in part at least, the result of the prolonged use of the remedy. I have made enquiries of some practitioners of experience, and find that there is an impression among them also that it may be so. I know that it is stated that these remedies do no harm, and may be used indefinitely with advantage. It would be strange if remedies so powerful for good were incapable of doing harm. At any rate, the question deserves consideration." We quite agree with Dr. West's remarks. It is not unlikely that the system may be over-stimulated to the production of opsonins by prolonged dosing with vaccines, and that the exhaustion consequent to this, as to all other over-stimulation, may have serious results.

* * * *

MR. WILLIAM STUART-LOW, F.R.C.S.,
The Thyroid and Cancer. Surgeon to the Central London Throat,
Nose and Ear Hospital, in a paper to the

Lancet of October 16, broaches a theory which he has formed with regard to the relation existing between the action of the thyroid and the development of cancer. He has never seen cancer and myxoedema at the same time in the same patient, and he thinks the excess of mucin in the tissues may act as an insurance against the origin of carcinoma and sarcoma. He thinks also that he has detected in the pre-cancerous stage of those suffering afterwards from malignant disease, evidences of thyroid overwork and consequent diminution in the normal quantity of tissue and surface mucin. He comments on the fact that in the bodies of those whose death has been due to wasting diseases, such as tuberculosis and carcinoma, the thyroid is found to be large, showing evidences of much secretion having been thrown into the system. He has also observed that in most cases of carcinoma there is a quickening of the pulse. He has "come to the conclusion, looking on the thyroid gland as the flywheel of body growth and metabolism, that this organ is very liable to overwork, that the body metabolism in this manner is liable to become over-driven, and that so the thyroid may be a causation factor in the origin and continuation of malignant disease." The natural deduction from this opinion was that excision of the thyroid should benefit cancerous growths. He has put it to the test and publishes five cases of malignant disease of the throat or its neighbourhood in which he has totally or partially extirpated the thyroid. Two have since died and three remain alive. In all, the growth not only ceased to extend but diminished. The glands became softer, pain was abolished, and the patients put on weight. In the first case that died death was caused by septic pneumonia, and in the other fatal case the patient was aged 70, with extensive disease and in a bad state for operation; he, however, stood the operation well, and lingered on for six weeks freed from pain. In his case only ligation of the thyroid vessels was done. The three cases still living are all better both in general health and as to the local growths.

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**Strangulated
Hernia and
Atropine.**

In a recent number of the *Münchener medizinische Wochenschrift*, Rabl publishes an account of four cases of strangulated hernia, treated by subcutaneous injections of *atropine*. In all cases the treatment was efficacious and its results prompt. The first case, that of a child aged 3, in which taxis had been tried without avail for the reduction of a strangulated inguinal hernia, proved amenable to an injection of 3 mg. of *atropine*. An unpleasant sequence of this was the appearance of a violent delirium, with convulsions, dry skin, and tachycardia. In the second case, that of a boy aged 12, in which taxis was impossible owing to pain, an injection of 1 mg. of *atropine* caused the reduction of the hernia in four hours. The third case was that of a man aged 35, in which taxis had been tried without avail. An injection of 6 mg. of *atropine* in the pubic region caused the hernia to disappear and relieved the pain; but the patient subsequently suffered from delirium and mydriasis. An old man, aged 81, with a strangulated scrotal hernia was the fourth case. An injection of 3 mg. of *atropine* was given, but this augmented the pain, and a further injection of 2 mg. of the same drug was administered five hours later. The hernia was subsequently reduced, but vesical paralysis and general debility followed, effects which might be fairly attributed to the drug, and the patient died a month later. The author claims to have never met with failure with this treatment. He recommends 3 mg. of *atropine* as the minimum dose for an adult.

* * * *

Non-decom- posing Urines. DR. HALE WHITE and others have drawn attention to the fact that the urine of *phthisical subjects* decomposes far less readily than does the urine of healthy persons. The urine may remain exposed to the air for days before decomposition becomes obvious. A similar tendency to resist decomposition is reported in association with *hæmaturia*. Dr. A. R. Parsons exhibited before the Royal Academy of Medicine in Ireland undecomposed specimens of urine passed over three years previously by a *hæmoglobinuric patient*.

* * * *

**Fehling's Test
for Sugar in
the Urine.**

MANY substances, besides sugar, have the power of reducing Fehling's solution, though the reduction is seldom so great as it is in well-marked diabetes mellitus. Hence an erroneous diagnosis may occasionally be made if one relies entirely on Fehling's test without confirmation by the phenyl hydrazine hydrochloride test, and by fermentation with yeast. The reduction is in the great majority of cases due to excess of the salts of glycuronic acid. Drugs which act in this way are chloral, chloral-hydrate, butyl-chloral-hydrate, camphor, carbolic acid, salicylic acid and its derivatives, antypyrine and drugs of that series, morphine, preparations of liquorice, amyl nitrite, volatile oils, carbonic oxide, sulphuric acid, prussic acid, mercury and lead.

* * * *

**Tests for
Di-acetic Acid
in the Urine.**

IT must not be forgotten that salicylates and the salicylic group of drugs (including aspirin and mesotan), as well as the antypyrine group, cause the urine to give a deep reddish-brown or reddish-purple coloration on the addition of ferric chloride solution. This may be mistaken for the diacetic acid reaction. But in the reaction produced by di-acetic acid the colour disappears on boiling, and can be dissolved out by ether. In both these respects it differs from that due to salicylates and antypyrine.

* * * *

**Albumin in
the Urine.**

IT is important to remember that copaiba resin, cubebs and balsams, such as those of Peru and Tolu, may prove a serious source of fallacy in the nitric acid test for serum-albumin. To distinguish the "ring" thus produced from that due to albumin: (a) it is more diffuse than the albumin ring, (b) it becomes re-dissolved upon the addition of a drop or two of rectified spirits, which would leave an albumin ring undissolved.

* * * *

**A New Test
for Albumin in
Urine.**

FIVE parts of urine, diluted with ten or fifteen parts of water, is carefully floated on three parts of potassium iodide solution and two drops of acetic acid, 36 per cent., in a

test-tube. In presence of albumin, a white ring is formed at the zone of contact; immediately if as much as 0.01 or 0.02 per cent. is present, and in two minutes with as little as 0.005 per cent.

* * * *

**Ulceration of
Cornea with
Hypopyon.**

THE most common cause of hypopyon-keratitis is the *Pneumococcus* otherwise known as the *Diplococcus lanceolatus*. This is not greatly to be wondered at seeing that the organism in question exists in the mouths of everyone; except, it is said, those who chew tobacco. The most common cause of hypopyon-keratitis is the diplo-bacillus of Morax and Axenfeld. This latter bacillus is frequently the cause of angular conjunctivitis, a form recognized by excoriations of the eyelids at the inner and outer canthi.

In the *pneumococcal* form of ulceration there is often a history of epiphora or mucocele with lachrymal obstruction. The ulceration is superficial, and tends steadily to progress in a crescentic manner over the cornea, showing no marked tendency to perforate nor to spontaneous cure. This form was first described in 1870 by Sæmisch as *ulcus corneæ serpens*; in 1894 Uthoff and Axenfeld discovered that it was due usually to the pneumococcus. It may run over the whole cornea, and at first there is not much pain. One part of the circumference becomes densely infiltrated and presents an *an overhanging margin*, and here the organism is most easily found.

In *diplo-bacillary* ulceration with hypopyon, the ulcer is localized, central and deep, with a tendency to perforate. It is usually circular with a uniformly infiltrated margin with no tendency to spread superficially and in one direction, and there is no overhanging margin. At the beginning there is much pain and lachrymation, but later the pain tends to disappear. Both forms may be associated with conjunctival and ciliary injection and iritis.

* * * *

**Toxic Action
of Chloroform.**

THIS may occur in two forms: (1) A mild chloroform sickness, not infrequent after operation, and where *phos.* ought to be the remedy; and (2) a more severe form known

as "delayed chloroform poisoning." We have long held the opinion that this latter form, together with acute yellow atrophy of the liver, and the "malignant" form of the vomiting of pregnancy have all a common pathological substratum, viz., necrobiotic changes in the liver due to some form of toxæmia (see p. 321). The experiments of Drs. Whipple and Sperry (*The Johns Hopkins Hospital Bulletin*) seem to lend support to this view. These experiments were to determine the toxic action of chloroform on the various organs of the body. It would appear that chloroform produces necrotic and degenerative changes in the hepatic lobules with extraordinary constancy, while ether apparently does not; young animals are more susceptible than adults. Chloroform anæsthesia for as little as thirty-five minutes has been followed in man by delayed chloroform poisoning with almost complete liver necrosis. The essential change is extensive necrosis and fatty degeneration of the liver, and there may also be ecchymosis and hæmorrhages into the peritoneum or upper intestinal tract. The necrosis begins centrally in the lobule and is uninfluenced by the blood supply. Choosteck (*Wiener klin. Woch.*) affirms that even during the menstrual period there is a definite enlargement of the liver.

Original Articles.

HINTS ON TAKING THE CASE.

BY THE SENIOR EDITOR.

It has always seemed to me a pity that we have no special case-taking card wherewith to assist beginners in homœopathic practice to "take the case," which is and will ever be the most difficult part of our work; and if this is true of the veteran, how much more so is it true of the tyro—if he only knew it? Clerks and dressers in the wards of our Allopathic hospitals are always furnished with a case-taking card, and up to a certain point these are useful in the wards of Homœopathic hospitals also, as well as in general everyday practice. So long as we are content to stop short at the *diagnosis of*

the disease and to prescribe on *that* basis, then there is very little to complain about ; but that is a very poor sort of Homœopathy. It is truly a pitiable sight to see anyone trying to take the case, from the Homœopathic standpoint, under the guidance of a case-taking card, such as that used in Allopathic hospitals. The card for Homœopathic practitioners should deal more especially with the lines of investigation necessary for the *diagnosis of the remedy*, and it cannot be insisted upon too strongly that the symptoms sufficient to diagnose the *disease* are most insufficient, indeed almost useless, for the purpose of diagnosing the *remedy*. Indeed, we may say that the greater the value of a symptom for purposes of diagnosis the less its value for the selection of the remedy. As a beginner in Homœopathy that was *the fact* that astonished me most of all. That all the symptoms of the various diseases and the various facts of morbid anatomy, that we had, as students, crammed so diligently into our empty heads, should take such a low rank in the diagnosis of the Homœopathic remedy, was, indeed, startling. The symptoms sufficient for the diagnosis of the disease according to the "Nomenclature of Diseases" drawn up by the Royal College of Physicians of London ("subject to decennial revision") do not go far enough, and are not minute enough for our purpose. To restore health to the sick we must *individualize*. No *guessing* can be tolerated. To place the case properly in the "Nomenclature of Diseases," all that is necessary is to *generalize*—though even then I do not believe that 50 per cent. of cases of disease are properly so placed in ordinary death certificates. No doubt there are general symptomatic resemblances in all patients affected by any one given "disease." But nevertheless it is equally true that in each case there are minute symptomatic differences which distinguish it from every other case, and it is these differences that are all-important for the purpose of individualization. We could either have a separate card, or a separate section might be added to the ordinary case-taking cards used in Allopathic hospitals. The card would thus have two great sections : (a) material necessary for the diagnosis of the disease, and (b) material necessary for the diagnosis of the Homœopathic remedy, remembering that *any* disease may require *any* remedy.

We regard the following sections as of the greatest importance in "taking the case," for the purpose of diagnosing the proper Homœopathic remedy.

HISTORY BY THE PATIENT.

(1) Let the patient tell his own story, without interrupting him, if possible; in many cases this is not possible, as patients are so apt to wander off to other matters. If the patient is unable to do this, then attendants or friends must tell their story.

(2) Write each statement down on a separate line or paragraph, and in the patient's own words.

(3) Always regard the symptoms, as detailed by the patient, as *realities*, until you can *prove* that they are not.

DOCTOR'S CROSS-EXAMINATION.

(1) Never put a "leading" question, *i.e.*, never, if possible, ask a question that must be answered by *Yes* or *No*. The questions put must never suggest the answer.

(2) Enquire in detail with regard to every individual symptom, or sensation, *e.g.*, a pain.

(a) Its exact situation, making patient put his finger on the spot; if the pain moves or radiates, ascertain the direction and extent of this.

(b) The kind of sensation or pain—what it feels like. Is it a burning or sticking pain, an empty or numb sensation?

(c) The modalities or conditions: everything that aggravates or ameliorates the complaint. These are many; one of the most important is *Time*, *i.e.*, the period in the twenty-four hours when the complaint is better or worse. Our old friend Dr. Skinner used to say that *Time always rules* in matters of amelioration and aggravation. Then as regards *Circumstance*: this includes the effect of *Posture, Touch, Motion* of all kinds, as ascending, descending; it also includes the effect of *external influences*, wet or dry weather, hot or cold applications, cold or warm air, and so on.

(d) Concomitants, *i.e.*, symptoms, that accompany or

go along with the main complaint, in some other part of the body, and which have, apparently, no direct connection with the main complaint or the suffering part. These concomitants may be found in any part of the body, and are of great value. It is best to go rapidly over each *anatomical region* and each *organ of special sense*, not forgetting to ask about *sleep and dreams*, and mental states.

(3) If the information wanted is still incomplete, the doctor may then ask specific questions in case any points have been omitted by the patient. In chronic cases this should always be done, paying special attention to the *mucous tracts* :—

- (a) Alimentary canal from mouth to anus and the various functions, as appetite, thirst, taste, desires and aversions, digestion, &c.
- (b) Respiratory passages, including eyes and nose.
- (c) Genito-urinary tract, including menstrual functions, urine and bladder.

(4) In investigating *chronic diseases*, endeavour to find out whether any specific disorder or hereditary tendency lies at the bottom of the illness.

- (a) *Psora* ("dartrous diathesis"), as suggested by itching, scaly, skin eruptions.
- (b) *Syphilis*, as suggested by history of chancre and bubo, skin eruptions, sore throat, miscarriages, together with the well-known signs of inherited syphilis.
- (c) *Sycosis*, as suggested by warts and condylomata.
- (d) *Vaccinosis*, as suggested by mattery-headed pimples.
- (e) *Tubercular*. "The tubercular miasm is the psoric miasm intensified, or the combination of psora and syphilis" (Allen). In a general way we find that the *brain and its membranes* are most apt to be attacked in childhood; the contents of the *abdomen* in boyhood and girlhood, and the *lungs* in adult life.

In these cases also it is well to find out what previous allopathic treatment the patient has suffered.

- (5) The proximate cause. In many cases the patients and

their friends are unable or unwilling to help us here, and we must guess it. It may be some mental, moral, or physical defect, domestic discord, sexual errors and their results, drunkenness, grief, unrequited love, jealousy, pecuniary losses, &c.

(6) In a general way the order of the examination is from above downwards, and from within outwards, though in some cases special systems, especially the one concerned in the patient's chief complaint, are followed to the end before other organs or parts or functions are examined.

(7) As regards the value of symptoms: "Subjective and moral and intellectual symptoms always take precedence *in time* and circumstance" (Skinner). In conditions of aggravation and amelioration *time always rules*.

In a symptom-complex, especially in a case of chronic disease, the most recent symptoms and the most recent proximate cause are the points to pay special attention to; since the patient has to begin, just where he stands, to retrace his steps back to health. Hence in a Homœopathic *cure*, the most recent symptoms should disappear first, *i.e.*, the symptoms ought to disappear in the reverse order of their appearance.

"The more striking, singular, uncommon, and peculiar symptoms are the characteristics," and should be specially examined; for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to in order to constitute it the similimum*.

Having by means of the Index to the Materia Medica (by some called a "Repertory") found the medicines whose symptoms are *like* those detailed by the patient, then consult the Materia Medica itself to find *the most like*, of which of necessity there can only be *one*.

Our object should be to secure these three: (1) The similimum; (2) the single remedy; (3) the minimum dose. We must never make the *size* of the dose a substitute for a careful selection of the most like medicine. Nevertheless, on the other hand, as "The cowl does not make the monk," so neither does mere dabbling in "high potencies" constitute a Homœopathic physician in any sense of the term.

Avoid these *three mistakes*. Hahnemann says: "There are three mistakes which the physician cannot too carefully avoid.

(1) To suppose that the doses which I have indicated as the proper doses in the treatment of diseases, and which long experience and close observation have led me to adopt, are too small; (2) the improper selection of the remedy; (3) not letting the remedy act a sufficient length of time. In the treatment of chronic diseases the too hasty repetition of the dose cannot be too carefully avoided. The whole cure fails if the antipsoric remedies which have been prescribed are not allowed to act uninterruptedly to the end."

We may assume that the medicine which includes *three* of the characteristic symptoms discovered in the examination of a patient, in its pathogenesis, will be sufficient to make a cure very probable. The physicist tells us that objects such as his instruments of precision rest most securely on *three* points of support. Look for these characteristic symptoms: (1) In the sensations of the patient or character of the pain; (2) in the locality or tissue affected; (3) among the conditions of aggravation or amelioration, especially *time*; (4) among the concomitant symptoms.

HAHNEMANN'S THREE RULES.

The following practical rules of Hahnemann for the treatment of chronic diseases are condensed from Hering, by the late Dr. H. C. Allen:—

Rule I.—The characteristics of the drug must be similar to the characteristics of the case. "In making this comparison, the more *prominent, uncommon, and peculiar* features of the case are especially and almost exclusively considered and noted; for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure."

The symptoms of a case and the symptoms of a remedy must not only be alike one by one, but they must also be of the same rank. In the *arrangement of symptoms* after the examination of a case, the value, the importance, the rank of the symptoms must be considered, for in careful comparison of several remedies, having the same similarity, it is this rank of value which often decides the selection of the curative remedy.

Rule II.—This rule of practice is based upon Hahnemann's theory of chronic diseases, viz., "All chronic diseases progress

from without inwardly, from the less to the more essential parts of our body, from the periphery to the central organs, and generally from below upwards." Hence in the selection of a remedy one should be chosen which acts in the opposite direction—"from within outward, from above downward, from the brain and nerves outward and downward to the most outward and lowest of all organs, the skin."

Hahnemann's antipsoric remedies all have this peculiarity as characteristic—the evolution of effects (symptoms) from within outward. Hence all symptoms of the sick having such a direction, from without inwards. and all symptoms of remedies from within outwards—the opposite direction—are always to be considered of the highest rank or value in the choice of the similimum.

Rule III.—The symptoms recently developed are the first to yield; older symptoms disappear later, or, as Hering says: "In diseases of long standing, when the symptoms, or groups of symptoms, have befallen the sick in a certain order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order should be reversed during the cure; the last ought to disappear first, and the first last."

The following are the advantages of this rule:—

(1) "When examining a patient, care must be taken to ascertain, as far as possible, the order, according to time, in which the symptoms made their first appearance.

(2) "Arrange the recorded symptoms according to their value or rank, not neglecting any, either objective or subjective, but placing in the foreground and giving prominence to those which were the latest to appear, for to those especially should the remedy be similar.

(3) "If the patient has been drugged, our antidotes, to be most effectual, must be directed especially against *those last given*.

(4) "In every chronic case, after the similimum has had time to improve the case and ceases to do any further good, a new examination must be made, and in this examination particular attention should be paid to new symptoms; and in the choice of a remedy these new symptoms must be carefully noted, as generally they are of leading or high rank.

(5) "If we thus succeed in restoring a chronic case of long standing, the symptoms disappearing in the reverse order of their appearance, the case can be dismissed as cured without any danger of returning; if not, we had better tell the patient, even if he be satisfied with a partial cure, that before long he may be sick again.

"Without this third rule, the homœopathic healing art would be a most imperfect one. But this enables the true Homœopath, not only to cure the most obstinate chronic diseases—even those usually pronounced incurable—but also when discharging the case to make a certain prognosis whether the patient will remain cured or whether the disease, like a half-paid creditor, will return the first opportunity. This is prevision applied to the cure of chronic diseases."

Dr. C. W. Eaton says: "Not from any troop of new remedies, not from a new law of cure, not from any revolutionizing discoveries, but from the vantage ground of a better understood and closer applied homœopathy, are we to conquer the incurable. . . . There are many methods, but only one law; and chance, accident, or exception are unknown to natural law, hence the indicated remedy must bear the brunt of the battle."

On all these points consult the *Organon of Medicine*, especially paragraphs 83 to 94 inclusive, and also paragraph 153 (Dudgeon's translation, published by the Hahnemann Publishing Society (1893).

As regards the *administration* of medicines: When a patient, after having taken the medicine once or oftener, *begins* to feel better, however little, the medicine should be at once discontinued, lest the progress of the cure should be retarded or otherwise interfered with. Should the medicine cause aggravation of the existing symptoms the same rule applies. When aggravation occurs under the use of the single, highly potentized remedy, given in a single dose, it is the best possible proof that the medicine has been correctly chosen, but that it has been given at the wrong time, or that the dose has been too powerful. The homœopathic aggravation corresponds to the "negative phase" of vaccine-therapy; and in the latter, just as in Homœopathy, the aim is to give such a dose and at such a time that the "negative phase" or the homœo-

pathic aggravation, is just evident and no more. To put this rule shortly: *When the patient is distinctly better or distinctly worse then stop the medicine.* The result in both cases should be steady and permanent improvement. When this ceases the same medicine may be repeated, or another chosen, according to circumstances after the case has been "re-taken." This more especially applies to *chronic* diseases, but even in *acute* cases the same rule applies. In all cases the safest rule is, *not to repeat as long as improvement continues, and then a different potency to that previously administered.*

It is better not to give a medicine just before the menstrual period, unless there are acute symptoms demanding immediate relief. Allow a full week to elapse from the time the period began before prescribing a new medicine or repeating an old one. In lady patients the case should always be reviewed after the menstruation period is well over.

We append some *obiter dicta* from the writings of the late Adolph Lippe.

"*A priori*, no rules for the repetition of the dose can be laid down. In very acute diseases one single dose may suffice, or it may be necessary to repeat the dose at short intervals; in chronic diseases one dose may act for days, weeks, and months, or it may become necessary to repeat the dose daily or oftener, for a day, a week, or even for months.

"If the action of the dose administered has once begun, and even if the improvement is slow but steady, then we know that the dose administered continues to develop its curative powers, or we may infer that the *vis medicatrix naturæ*, once started to develop its health-restoring office, is still at work and wants no other aid by medicines. In chronic diseases the action of the dose administered cannot develop such sudden effects; this would be contrary to the nature of a long-existing and deep-seated disease. If such a sudden exhibition of the drug-action follows its administration, if the improvement of the case is very rapid, then either the remedy acted as a palliative only, or was not rightly chosen; or if very similar and carefully chosen, such sudden improvement *generally* forebodes no good, a repetition rarely ever produces a perceptible improvement, and other ever so well chosen remedies will cause rapid but short-lasting improvement.

"A repetition of the dose before the one previously administered has developed its effects, or before its effects are exhausted, causes an interruption of the internal, to our perceptions and understanding hidden, process of the interior of the organism, having for its object the restoring of the sick to health, therefore must be avoided; and, furthermore, such an untimely interference is invariably followed by results retarding recovery, and may even at times so derange the actions of the organism striving to combat the existing disturbances that the recovery may not only be retarded but be made very doubtful.

"The greatest care therefore should be taken never to repeat the dose, or administer another remedy, till the effects of the dose last taken have been exhausted. This dose may be, and often is (1) a single dose, or (2) it may be a single dose dissolved in a few ounces of water and given at short intervals, in broken doses, till the action of the remedy has fully set in. Its administration should then be stopped, whether the case be an acute or a chronic one; (3) in other instances it may be a repetition of doses at short intervals, till some effect of *this* dose is apparent."

On another page we print an article by the late Dr. H. N. Guernsey explaining what is known as the "Keynote system." This is an *aid* to the selection of the homœopathic remedy, which is but little understood, and which, as a consequence, is much maligned by those who know nothing about it. There is no doubt, however, that it simplifies the selection of the remedy. We make no apology, therefore, for reproducing this article, for most of our men are ignorant of the true worth and merit of the system. It has been our constant aim for the last three years to furnish our men, through the pages of the Review, with material, diagnostic and otherwise, to fit them more and more to successfully cope with problems of daily practice. If we have failed in this object, we can only express our regret.

THE KEYNOTE SYSTEM.

BY THE LATE HENRY N. GUERNSEY, M.D., PHILADELPHIA.

IN view of the fact that numerous enquiries have been made of me regarding the principle of homœopathic practice attempted to be expressed in the term "keynote system," and as much attention has been attracted to the subject recently, in journals and otherwise, I have deemed it eminently proper to place before the members of our Society a correct exposition, as far as I am able to make it, of the scope and utility of the method expressed by that term, as a part of practical homœopathy.

The term "keynote" is not to be regarded as in itself definitive, nor did I, in first using it, wish or intend it to be taken as a piece of scientific nomenclature. It occurred to me as being in a very great degree expressive of a fact in medicine, and as such alone is it to be accepted. The term "keynote" is therefore suggestive, and merely provisional; to be continued in use only until its scientific successor is duly chosen and qualified by general acceptance.

But while it is true that the term is nothing more than an illustration, an analogue, and a hint, its immense significance is not thereby diminished. It is still the expression of a fact, a truth, central and fundamental, the knowledge of which, in homœopathic theory and practice, is necessary to the full and complete comprehension and the most extended use of the law of similars.

The keynote, in music, is defined to be "the fundamental note or tone to which the whole piece is accommodated"; and the keynote of music finds by analogy—through which things most remote and unlike superficially are connected in the closest relationship—its likeness everywhere. The keynote of religion is God's existence. By it every one of the innumerable theologic tones, however apparently discordant, are harmonized. Gravitation is the keynote of the order that governs the myriad spheres that plough their way through space. Progress is the keynote to which the wonderful political, social, and industrial movements of the day are attuned. The keynote of the Church—is faith; of the true household—love.

Thus has been given suggestively, and perhaps with sufficient clearness, the meaning, force, and true application of the term as I have used it in medicine, and with the feeling that suggestion is often more lucid than direct expression, I hesitate to give a more exact definition.

When a man tells us he is "out of tune," or when a medical author speaks of depressed or improved "tone," or want of "tone" of the system, we scarcely require an explanation of the meaning of the terms thus used, and more is conveyed to the minds, perhaps, than could be made clear by a laborious attempt to express in other words the same thing. It is thus with the term "keynote." It is intended to be expressive of a truth that could not be expressed in any shorter or more compact sentence, and as conveying or rather suggesting to the mind the whole truth itself.

A casual observer, viewing the fair field of our *materia medica*, would say that the flowers are all alike; so similar and so common as to be utterly valueless; and, indeed, without the principle involved in the term I have used this would appear to be the truth. In *materia medica* and in pathology we have before us vast heaps of apparently inharmonious, confused, and unrelated facts, and these continually accumulating, with the prospect that the higher faculties—upon the unencumbered and vigorous action of which depends all real achievement—would eventually become hopelessly bewildered, were it not that the guiding principle, the one fundamental characterizing power, the *keynote* in fact, is struck, and every tone and feature and expression is attuned to it, and by it modulated and harmonized.

The "keynote system" is not only applicable to the array of symptoms constituting the pathogenesis of our *materia medica*, but as well to the array of symptoms and conditions constituting disease. In pathology, the term "pathognomonic symptom" is intended to express, in very many instances, what might be termed the keynote of a given disease, and yet, while this is true so far as it goes, it does not go far enough to cover the whole ground, to embrace the whole category of diseases, or to mark the distinctive features that characterize one case of the same disease from another. Now, the homœopathic physician does not profess to treat disease *per se*, but rather

patients ; and thus from the very nature of things, even the erudite generalizing of the allopathic school cannot be received by us.

Although the chief features of a disease are present and similar in all persons attacked by the malady, and even those symptoms which perhaps have furnished it with its name, yet we must all confess that we are able to detect some sign or symptom, some all-pervading condition, some characterizing circumstance, that gives that case its individuality, and causes it to differ, if ever so slightly, from all other cases. Thus we may be said to have, first, the expressions that evidence disease ; then the special markings that distinguish classes and orders ; the conditions or symptoms by which each class or order is subdivided, and each subdivision furnished with a specific name ; and, finally, the *characteristic* features which serve to distinguish each case of the same disease from all other cases : as in the human family we find first the broad and ever-present features of the race ; then the distinctive marks of nationality ; then the peculiarities of family ; and, lastly, the lineaments, deeply or faintly traced, which characterize the individual.

This, now, is what we would call the keynote system, as carried into the study of disease. It is *comparative* pathology in its most extended sense. You are perhaps ready to tell me that this is nothing new. I am well aware of it. Hahnemann laid it down as distinctly as it was possible to give utterance to truth, and while it is not true simply because Hahnemann gave utterance to it, *it is true* because the experience of thousands of homœopaths have confirmed it as the true system of diagnosis ; the truly practical method of distinguishing between one case and another, or, in other words, of *individualizing*. Alas, that it should be so often lost sight of in the fascinating whirlpool of generalization !

Let us now turn to the storehouse from whence is to be drawn the agencies that are to prove curative for these multifarious forms of disease, and see how the "keynote system" is to be applied there, and with what effect.

From the "provings" of *aconite*, from its numerous toxicological effects, and from the revelations of its scope furnished us by its use in disease, a vast tissue of symptoms might

be accumulated that it is not exaggeration to say would fill a large volume ; and to these we might add the results of new provings on different individuals *ad infinitum*. How very many of these symptoms are very similar to, or apparently identical with, those produced through the provings of other drugs ? Truly the flowers appear all alike. Yet there is *something* within that pathogenesis *indicative of aconite alone* ; embodying in expression its one characteristic, unfailing, predominant effect, which makes it to differ from all other drugs, and which pervades all its other effects with more or less predominance. This system or condition, these symptoms or conditions, form the keynote or keynotes of aconite as a medicine and furnish the key to its indication in disease. Thus, in instituting comparisons between medicines, by taking all the symptoms and comparing them carefully, we will find that each one presents, besides the fundamental *similarity to all the others*, peculiar *differences from* all the others ; and these invariable points of peculiar differences are the keynotes in a comparison of such remedies.

Here, then, we have the characteristic peculiarity in the disease that individualizes that case, and we are enabled to call up from the storehouse of the materia medica, and place in apposition to it, that medicine which possesses in its pathogenesis a corresponding similar characteristic, peculiarity or keynote, and which will prove to be the curative agent for that case of disease.

It is charged against the keynote system that it is in conflict with the doctrine that teaches the necessity of meeting the totality of the symptoms, or, in other words, the doctrine of true homœopathy. This is by no means true. It is claimed—not that the keynote in the case is to be alone met by the keynote of the remedy ; nor that the whole case is to be met by the keynote alone—but simply that the predominant symptom or condition of the case that individualizes it and constitutes its keynote suggests to the mind a medicine having a corresponding predominant symptom, condition or keynote, and that if there has been no error committed either in viewing the keynote of the disease, or of subsequently selecting just that remedy having the corresponding feature, there will then be found in the pages of a *symptomen codex*, under the heading of

that particular remedy, the remaining features, symptoms, and conditions of the patient, or, in other words, the "totality." Thus the keynote, as before explained, is simply suggestive; suggesting by the shortest, surest, and most practical method a remedy, separating and isolating it from all other medicines as having, first, the characteristic symptom or condition or keynote in a marked degree; secondly and consequently, the remaining symptoms or conditions, these constituting together the *totality* of the case. As a medical friend expresses it in a recent letter, "the 'keynote' gives us the pitch of the tune, *but it is not the tune.*"

After all, it is in this way that true homœopathists have ever prescribed. It is not the totality that biases the mind, so to speak, or directs the attention to a certain remedy. It is always something peculiar in the case, some prominent feature or marked symptom that directs to a certain drug, and the totality afterwards confirms or disapproves the choice. I again repeat, therefore, that the "keynote system" does not in any way interfere with the doctrine of "the totality"; it insists, on the contrary, upon the essentiality of that doctrine, and is the guide to its being properly and practically carried out.

In my recent work on obstetrics, &c., I have endeavoured to carry out this keynote system to a practical determination, so far as my, at present, limited knowledge has permitted. I have not attempted to set down under the head of each remedy in each disease the catalogue of symptoms that *might be present*, but to give the characteristic peculiarities or keynotes of the remedies—such only as had been, in my experience and that of others, "tried, proved and chosen"—so that the mind might be directed at once in the true direction, the choice to be confirmed by the totality of the symptoms, so that the *true keynote* being struck, all the other tones would be harmonized with it. It is in this way that I desire to be understood, and those gentlemen who have done me the honour to review my book will bear in mind that this is the true interpretation of the plan I have set forth, and if they will give it their attention and carefully and conscientiously experiment at every fitting opportunity they will, ere long, be ready to say yea ! and amen ! to all I have written on the subject.

A few examples, by way of illustration, may not at this juncture be misplaced.

Being called in consultation recently, in a case of dysmenorrhœa, where a great variety of symptoms presented themselves, I was much struck with 'the *devout, beseeching, earnest and ceaseless talking* of the patient, and at once suggested to the attending physician the exhibition of *stramonium*. Upon comparing symptoms, he replied that all her symptoms were not under the head of that remedy, but agreed to the use of *stramonium*, as he could suggest nothing else, adding that if it cured her "he would cease to believe in the doctrine of totality." I replied that *stramonium* was undoubtedly the remedy, and if it were properly proven, and on every variety of temperament and condition, *all* of her symptoms would be found in the record of its pathogenesis. *Stramonium* 200 was given, and it quieted her at once, and all her other symptoms speedily vanished, *inversely* as they had appeared. Her peculiar talking was the last symptom to manifest itself, and the first to disappear, and when present in disease in either sex is a keynote to *stramonium*.

In cases of hæmorrhage, where the blood forms itself into a resemblance to long black strings hanging from the bleeding orifice, *crocus* will be the remedy; not for the hæmorrhage alone, but for the whole chain of symptoms presented by the patient. The hæmorrhage, being last to appear, will be the first to be removed, and by not now interfering with the curative action in progress, giving no other medicine, and allowing a sufficient time for the action of the dose, the remaining symptoms constituting the whole condition that has led up to the hæmorrhage with its characteristic peculiarity, will be dissipated inversely as they have appeared.

When, in colicky children, an appearance of red sand is discerned in the diaper, we know that *lycopodium* is indicated. By the action of that remedy the whole disordered condition of the little one will be removed, the whole chain of disordered action that culminated in this phenomena of the urine. The urine indicates *lycopodium* is the keynote in the case for that remedy, and the balance of the little patient's symptoms will be found under it and be removed by it.

I am permitted to refer to the following case, extracted

from one of the numerous letters sent me on this subject. In a case of typhoid fever, the last and worst of a malignant epidemic, where the disease had resisted the action of all the medicines given, and the attending and consulting physicians despaired of saving the boy—a previously healthy, robust lad of sixteen years—he was restored to his former rugged condition through the action of a remedy suggested solely by a keynote symptom. My friend writes: “As I went to his bedside one evening, I noticed a peculiar convulsive movement of the head, such as I had not before noticed in this or any other case, viz., *the head jerked itself clear of the pillow, and then fell immediately back, this being constantly repeated*. I at once recalled your keynote for *stramonium*. I went to my office, and on comparing the symptoms of the case with the symptomatology of that remedy, I was struck with the wonderful correspondence. I then gave repeated doses of the 3rd dilution, acting on my colleague’s advice, and in twenty-four hours saw no improvement. The 30th was then given with no favourable result. I then gave a single dose of *stramonium* 200, at night, and was delighted to see a smile on the face of the anxious mother when I called next morning. ‘Henry became quiet,’ she said, ‘very soon after taking the medicine, and has for the first time slept quietly.’ His convalescence was steady from this period. I gave no other medicine for ten or twelve days. *Stramonium* saved him, and your ‘keynote’ given me in the class was my only guide to it.”

The few examples thus cited are sufficient to point out the practical workings of the keynote system. Through it alone, I hold, can the art of prescribing homœopathically be simplified and rendered exact. By it Stapf was enabled to prescribe correctly, in the presence of an expectant and admiring class, without asking a question; for the objective keynote, revealed in the countenance of the patient, gave him full knowledge that under *cantharis* the whole condition and symptoms would be found, and by it hosts of homœopathic physicians since his day have been safely and quickly guided to the truly healing medium that might have been missed if sought through more complicated channels. The force and truth of Hahnemann’s idea that the symptoms of disease are cured inversely

as they appear, is beautifully demonstrated if viewed from the standpoint of the keynote system. Through this system the complex and difficult text of the *Materia Medica* is rendered pure and clear, and every shadow uplifted from its pages; by it, pathology—the *servant* of homœopathy—is brought into fullest and most vigorous usefulness, and diagnosis made exact and availing. As in the hands of an Agassiz or a Leidy a few bones or teeth, or the scale of a fish, are sufficient to unfold a whole chapter in the book of natural history, so in homœopathic practice by the characteristic keynote emphasized by the patient, the practitioner is enabled to individualize his case and draw to his aid, thus revealed, the corresponding similar remedy having the totality of the case, and able, *cæteris paribus*, to cure it.

I have thus attempted to demonstrate the meaning, truth and utility of the "keynote system." Without any attempt at fine writing or display, I have endeavoured, in moments of leisure stolen from hours of toil, to set forth with clearness and exactness what I believe to be, not a new doctrine, but a true one in homœopathy; and if, by reason of this paper or the discussion that may follow it, or any enquiry that may be set on foot through its publication, we may be led still farther into what I conceive to be a true path to the correct system of homœopathic therapeutics, I shall feel myself amply rewarded.

Correspondence.

To the Editors of the BRITISH HOMŒOPATHIC REVIEW.

SIRS,—Can you spare me a few lines in which to bring before your readers a matter in connection with the extension of the London Homœopathic Hospital? Owing to the builders' estimates exceeding the amount at the disposal of the Board, the latter have found it necessary to omit several very important features on the original plans. One of these is a small operating room in the out-patient department. This has appeared to me of such pressing urgency, and can be done so much more cheaply and effectively now than later on, that I have undertaken to collect the sum of £500 re-

quired to build this little block. Many people like to contribute to a special object such as this. If any one would give us the whole sum, they could, of course, name the theatre after themselves or "in memoriam." Should this meet the eye of any who have seen the benefits of judicious surgery as an accessory to homœopathic constitutional treatment, they may find the Christmas season a fitting occasion for making a benevolent acknowledgment of the fact by helping me through with my undertaking, which I may say has the cordial sympathy of the Building Committee, and of those of my *confrères* to whom I have mentioned the matter. Promises of large or small sums towards this specific object may be fulfilled any time during the next eighteen months. They will be very gratefully and promptly acknowledged, either by myself or by the Secretary of the Hospital.

I am,

Yours very faithfully,

EDWIN A. NEATBY.

Therapeutic Digest.

SENILE EPILEPSY AND THE VERTIGINOUS ATTACKS OF ADVANCED LIFE.—Dr. Thomas D. Savill, Physician at the West End Hospital for Diseases of the Nervous System, in summarizing the pathology of the various forms of syncopal, vertiginous, and epileptiform seizures, which occur for the first time in advanced life, concludes :—

(1) That idiopathic epilepsy never arises for the first time in advanced life.

(2) That at least nine-tenths of these syncopal, vertiginous, and epileptiform seizures are circulatory in origin.

(3) That syncope is generally due to cardiac failure and low blood-pressure.

(4) That senile vertigo and similar head sensations (postural vertigo, interruptions of thought, &c.) are due to the disturbances of the regulation mechanism of the arteries in different parts of the body owing to arterial hypermyotrophy or other arterial disease, not necessarily accompanied by any notable alteration of the general blood-pressure or of cardiac increase or diminution.

(5) That senile epilepsy (convulsive attacks) is generally

due to increased blood-pressure with cardio-arterial hypermyotrophy.

All these attacks of senile syncope, senile vertigo, and senile epilepsy merge into and are associated one with the other; vertigo may occur at one time, convulsions at another, and the same patient may in the end, when the heart fails, die from syncope.—*Lancet*, June 17, 1909.

ADRENALIN IN OSTEOMALACIA.—Professor Bossi records the following case: A woman, aged 38, and in the eighth month of her eighth pregnancy, was admitted for osteomalacia to the obstetrical and gynæcological clinique of Professor Bossi at Gênes. The bones of the pelvis, the clavicles, and the ribs were softened and painful to touch, and the pubis already had the duck-bill deformity. For some months the patient, unable to walk, had kept her bed. Notwithstanding a nutritious dietary, and the use of medicinal tonics, she became worse. It was then that, taking into account the vaso-constricting properties of *adrenalin* (able consequently to influence the utero-ovarian circulation), the favourable results that Stoeltzner is said to have obtained from suprarenal opotherapy in rickets, and finally the fact that extirpation of the suprarenal capsules causes in animals manifest changes in the ovaries, the author conceived the idea in this case of experimenting with subcutaneous injections of *adrenalin*. He therefore gave the patient every day a hypodermic injection of this substance. The dose was half a cubic centimetre of a 1 in 1,000 solution of *adrenalin*. From the first injection the pains and insomnia were better, an effect which increased with each injection. Following the seventh, which was the last, walking again became possible, and pelvic examination showed the absence of all painful sensitiveness of the bones, which also had returned to their normal shape and consistence. This woman was delivered spontaneously, although before the *adrenalin* treatment the operation of Cæsarean section had been thought inevitable.—*L'Art Médical*, August, 1909.

CASTOR EQUI IN PSORIASIS LINGUÆ.—Dr. G. Sieffert, of Paris, reports the case of a man who came to consult him for congestion of the liver, which was readily removed, and who also suffered from psoriasis of the tongue. It had been present for many years, and he had all sorts of treatment for it without effect. Cauterizing always made it worse. He had never had syphilis. Dr. Sieffert prescribed one after the other, *arsenicum*, *nitri acidum*, *thuja*, *lycopodium*, *kali bichromicum*, *kali phosphoricum*, and other remedies, all in vain. He then thought of *castor equi*, on account of its general action on thickening of the skin and epithelium. He prescribed *castor equi* 3, one-

fifth of a gramme dissolved in 200 grammes of water, a table-spoonful every morning and evening. At the end of two weeks there was slight improvement, and after two weeks more the right side of the tongue was quite free. Progress then ceased. Higher potencies were given, proceeding gradually to the 6th, 12th, and 18th potencies, with the result that the psoriasis was completely cured. The whole treatment lasted four months. There had been no relapse three months later.—*Hom. Recorder*, April, 1909.

PSYCHOLOGICAL SYMPTOMS OF HYDROPHOBIA.—Drs. Bain and Maloney, in a study of thirty cases of rabies, occurring in Egypt and treated at the Kasr el Ainy Hospital, Cairo, note that psychological symptoms were of constant and early occurrence. The earliest complaints were of great weariness and headache. Suppressed excitement and fear developed, and were succeeded or obscured by a state of extreme dejection and misery; dread of change and of their fellow-patients, disinclination for food and fear of drink, sleeplessness, and delusions culminating frequently in furious outbursts. These outbursts were sometimes the climax of a period of progressively increasing irritability, in which the patient was often reduced to an agony of vigilance by the idea of his impending murder by stabbing; attendants, parents, friends, all were suspected. One patient sought safety by locking and defending the door of his ward, another by attempting to jump out of the window, and two others by trying to escape from hospital. Several were terrorized by pursuit by imaginary men and animals. Two, in whom reason was lost, coursed round their room on all fours, emitting short, shrill, frequent cries; four were so violent that mechanical restraint was necessary.—*Lancet*, September 11, 1909.

We find in *Kent's Repertory* the following medicines, under the heading "fear of being murdered," viz., *absin.*, *cimic.*, *opium*, *phos.*, *plb.*, *stram.*, but there is no medicine for fear of being murdered by *stabbing*. Under "Jumps out of the window from fear" we find *arsen.* We might add *lyssin* in a marginal note to these two rubrics in *Kent's Repertory*.

CASIMIROA EDULIS—A NEW HYPNOTIC.—In *L'Union Pharmaceutique* for July, M. Albert Robin and M. A. Coyon call attention to the value of the fruit of *Casimiroa edulis* as a hypnotic. It is a Mexican plant, of the natural order Rutaceæ, and has been employed with success in South America for many years as an analgesic, sedative, and hypnotic. M. Robin and his colleague obtained a supply of the drug, and after a trial extending over two years they speak in terms of praise of its hypnotic and anti-spasmodic action. They used it in

the form of a fluid extract, in doses of one to two teaspoonfuls, and observed that its administration was followed in two or three hours by a calm sleep, free from nightmare, and resembling natural sleep. The effect lasted about five or six hours, and the patients on awaking did not suffer from headache, fatigue, or nausea. On account of its harmlessness in these doses they recommend the use of the drug in renal and nervous affections, particularly in old people. It is not advisable to give higher doses than two teaspoonfuls, as the drug produces toxic effects in large doses. M. Robin and M. Coyon noticed that it has a paralysing action on the cardiac muscle which would contraindicate its use in cases where the myocardium is injured. In the *Presse Medicale* of June 30, M. Chevalier suggests that *casimiroa* has a selective action on the brain, rapidly causing a depression of the intellectual and sensory functions, and therefore deadening the sensation of pain. Large doses produce almost complete anæsthesia, which persists while the grave symptoms of intoxication remain. The drug lowers the temperature, arrests the respiratory movements, and diminishes the number and energy of the cardiac movements. It also lessens the blood tension and produces marked peripheral vaso-dilatation.—*Lancet*, August 21, 1909.

SPINAL ANALGESIA.—Dr. W. A. Foster, of Kansas City, Mo., reports favourable experiences in the use of spinal anæsthesia. Following Dr. D. W. Morton, of San Francisco, he uses tropo-cocaine. He inserts the needle directly in the median line between the third and fourth, or second and third, lumbar vertebræ; as soon as the subarachnoid space is penetrated the spinal fluid escapes through the needle. The glass hypodermic syringe containing from $1\frac{1}{2}$ to 3 grains of sterilized tropo-cocaine powder is attached and spinal fluid drawn into it. The spinal fluid at once dissolves the powder and is reinjected. By this means the patient's own spinal fluid is used as the solvent and nothing foreign is introduced into the spinal canal except the sterilized tropo-cocaine powder. Dr. Foster claims that this method produces no nausea, and does not affect the heart, that it acts particularly well in rectal operations, and that there is no spasmodic breathing, or reflex muscular contraction. If the head or upper part of the body is to be operated on the patient should be placed in the Trendelenberg position for a few minutes to allow the anæsthetic to gravitate to the upper part of the cord. The effect lasts from one and a half to three hours. Among the operations which Dr. Foster has performed on patients thus anæsthetized are trephining of the skull, antrum operations, resection of clavicle and ribs, nephrectomies, nephropexies, stomach and gall-bladder operations, appendectomies and

ovariotomies, hysterectomies, Cæsarean sections, and hip-joint amputations. There is no objection to feeding the patient prior to the operation, nor to giving him a drink during the operation, nor immediately afterward.—*Journal of the American Institute of Homœopathy*, March, 1909.

CHELIDONIUM IN HEPATIC OBSTRUCTION FROM GALL-STONES OCCURRING DURING PREGNANCY.—Dr. Richard C. Allen, of Philadelphia, records two cases of the above complaint.

(1) A patient who had suffered through her entire period of gestation and for one year following parturition with persistent jaundice, due to obstruction of the common bile-duct. The colour of her skin had deepened several shades beyond the usual yellow colour of jaundice to a mahogany or copper hue. The urine was heavily charged with bile. Constipation with an occasional short period of diarrhoea. In twenty months her weight had fallen from 160 lb. to 110 lb. Cystic biliary colic, lasting twenty-four hours, more or less severe, recurred from two to three months apart. Her baby was born with well-marked jaundice which gradually disappeared in three months, after which its health and strength became normal. The patient had been under the care of her allopathic family physician and had seen several consultants. She was given a few grains of the 1x trit. of *chelidonium* four times a day. At the end of a week the patient said: "I don't see any change in my physical appearance, but I feel some great change inwardly for the better." Two weeks later she brought a gall-stone, about the size of a common marble. From this time forward her improvement was continuous till complete recovery was reached.

(2) This patient was the mother of four children, of bilious temperament, subject to frequent attacks of sick headache with vomiting of green matter, and had suffered much from bilious vomiting during her last gestation. Her fifth gestation was ushered in by strongly marked bilious symptoms. In the second month jaundice appeared and grew worse each week till the skin had become a dark mahogany colour. Under the influence of *chelidonium*, 1x trit., four doses a day, the obstructing gall-stone was expelled in four weeks with rapid subsequent disappearance of the jaundice. The baby, like the first case, had jaundice that disappeared in a couple of weeks.—*Journal of the American Institute of Homœopathy*, March, 1909.

CASE OF SYPHILIS; SYMPTOMS OF LOCOMOTOR ATAXIA AND THEN OF ANGINA PECTORIS. TABACUM.—Dr. P. Jousset narrates the following case: M. X., aged 72, consulted me the first time at the end of 1894. He is of an arthritic diathesis

with a strong constitution. During youth and middle age he drank to excess, especially absinthe; he smoked to excess and also contracted syphilis, which was followed by secondary and tertiary symptoms. The first time M. X. solicited my attention he presented curious symptoms of ataxia limited to the upper limb which Professor Raymond, who was called in consultation, had no hesitation in diagnosing as tabes of the cervical region of the cord. This affection, which developed while the patient was still under the influence of large doses of *iodide of potassium*, was treated with *sulphate of atropine* and *sulphate of strychnine* in the second trituration given in alternation, and also with injections of testicular fluid. He got better promptly and a season at Lamalou finished the cure.

I saw the patient no more till 1902, when he was attacked with chronic aortitis characterised by an aortic bruit, and by attacks of angina pectoris. The pain was under the sternum and was brought on if he walked too quickly, compelling him to stand still. The pain extended to both arms. Sometimes the attacks ceased for a period. *Iodide of sodium*, *spigelia*, *cactus*, and especially *adrenalin* from the third to the sixth dilution finally triumphed over this affection, which disappeared completely after two years. Still the patient had from time to time slight attacks, and in 1907 the complaint reappeared definitely. *Adrenalin* which was prescribed at first gave very little result and on October 29, 1907, I ordered *tabacum* third trituration. This small dose, however, produced on the first and second days a considerable aggravation; malaise, heat in the head and ears, intermittent pulse. After this aggravation there was a very noticeable improvement. The dose was repeated, but the patient again had two attacks. I tried the twelfth dilution and the patient said he experienced a sensation of well-being that he had not had before. The improvement continued during the next fortnight, and the dose was then continued for another month. The thirtieth dilution was then prescribed and continued three months. The patient was not cured, but experienced undoubted amelioration, and though other drugs such as *baryta* and *lycopodium* were given, it was always *tabacum* (3rd to 30th), that gave the most relief.—*L'Art Médical*, May, 1909.

THE CHEMISTRY OF THE FOOD PROTEINS.—At the British Association in the Joint Physiology and Chemical Section, Dr. E. Frankland Armstrong read a paper on the proteins of the food. He pointed out that the protein had been proved in the main to be built up of amino acids, belonging both to the aliphatic and aromatic series, or derived from cycloids containing nitrogen or oxyamino acids, and of diamino acids.

The careful analytical investigation of a large number of proteins had shown that these various structural units were present in very different proportions in the different proteins and some of them might be altogether absent from a particular protein. It remained now for the chemist and physiologist to solve such problems as the precise function and significance of each amino acid in metabolism, how far they might replace one another or be absent altogether without injurious effects; further to what extent each was concerned in the maintenance of a particular tissue. Judging from the great variety of proteins consumed in a normal diet, it was obvious that every one of the units at present known to us must be of importance, and a diet composed of one course of proteins only or one which was too monotonous in character, even if derived from three or four different sources, was certainly to be condemned. Probably the presence of most, if not all, of the various known amino acids and other units of protein was necessary in a food if health was to be maintained. To sum up, when discussing the value of foods, it was not enough to know merely the gross amount of nitrogen containing matter, but the nature and proportion of its constituent units must also be taken into account. The ideal food should contain as much variety of protein as possible in order to provide sufficient of all the possible units of constructive protoplasm. — *The Times*, September 1, 1909.

PROGNOSTIC VALUE OF LEUCOCYTOSIS IN NEPHRITIS.—
MM. L. Rénon and Moncauq come to the following conclusions, based on their researches on rabbits and sick people :—

- (1) Leucocytosis is an almost constant phenomenon in nephritis, whether acute or chronic.
- (2) It accompanies the albuminuria and often disappears at the same time with it.
- (3) It is not proportional either to the amount of albumin or to the degree of chloride retention.
- (4) It seems to be less marked in cases accompanied with œdema.
- (5) The graver the illness the more intense is the leucocytosis, especially in chronic nephritis.

It appears therefore to be of real prognostic value, permitting us to foresee, in a certain measure, the intensity of the processes of auto-intoxication which have given rise to it.—
L'Art Médical, March, 1909.

Reviews of Books.

A Text-book of Materia Medica and Therapeutics—Characteristic, Analytical, and Comparative. By A. C. Cowperthwaite M.D., Ph.D., LL.D. Tenth edition, with an Appendix; enlarged, including new remedies. Pp. 864. Canvas, \$5.00 net; half morocco, \$6.00 net. Postage, 28 cents. Philadelphia: Boericke and Tafel, 1909.

This is the tenth edition of Cowperthwaite's well-known *Materia Medica*. The first edition was published in 1879, thirty years ago. A *Materia Medica* which is still popular after thirty years and has run through nine editions evidently supplies a want and must be well adapted to the requirements of a large section of the profession practising homœopathy. We should say that its popularity depends upon its handiness and ease of reference. It hits the happy mean between the larger *Materia Medica* overburdened with symptoms and filling several volumes and the pocket editions from which much important matter is unavoidably omitted. The present like all former editions has kept clearly in aim the goal marked out by Dr. Cowperthwaite in his first preface, viz., "by presenting in a clear and concise manner the prominent features of our most important remedies, to furnish the beginner with a systematic basis of knowledge that may facilitate his study of the complete *Materia Medica*." . . . "It has been the aim of the author to present in this volume only the characteristic points of the Homœopathic *Materia Medica* and to include these as full and complete as possible." The symptoms given are divided into two categories, firstly, "grand characteristics," printed in italics, which are symptoms occurring very often in provings and that have been repeatedly verified in practice; and secondly, "characteristics," printed in ordinary type and representing those which occur less often in provings, but which have been frequently verified in practice. This includes also some symptoms, not the result of provings in the healthy, but which have been so repeatedly verified therapeutically as to render them unquestionably characteristic. The result is a book which, while doubtless omitting many valuable symptoms, nevertheless contains none that are not of well-proved worth. They can all be depended upon.

In comparing the present edition with the fourth, the one already in our possession, we find a few fresh characteristic symptoms inserted, but not enough to make any material difference. As Dr. Cowperthwaite remarks, "the subject of the book (the recorded effects of drugs on the human body) is not one that changes from year to year, as is the case with too much else in medicine." There are eight new remedies in the body of the book, and twenty-six in the appendix. We think it would have been better had the new remedies been inserted in their alphabetical order in the body of the work instead of being separately treated in an appendix. One naturally expects to find *magnesia phosphorica*, for instance, placed after *magnesia muriatica* and not apart in an appendix at the end.

The new edition is printed in larger type and yet the symptom lists take up less room. This is owing to the fact that the symptoms are printed one after the other without beginning a fresh line for each symptom, as in the earlier editions. We prefer the latter method for ease in finding a symptom, and do not think the larger type compensates for the change. There are about 140 more pages in the new edition, accounted for by the thirty-four additional medicines, and by the fuller treatment in the therapeutics section. The Clinical Index at the end of the volume is fuller. The printing is in clear type on good white paper, well spaced, and with sufficient margin. There is a remarkable freedom from misprints and errata. This volume of characteristics of the *Materia Medica* is in every way a first-class production, and we can heartily recommend it to our readers.

Diseases of the Personality. By Professor Th. Ribot, Paris. Translated (with homœopathy annotations) by P. W. Shedd, M.D., New York. Pp. 142. Cloth, \$1.00. Postage, 7 cents. Philadelphia : Boericke and Tafel, 1909.

This is a translation by Dr. Shedd of Professor Ribot's book on "Diseases of the Personality," a work in which the author endeavours to prove the purely physical origin of the *ego*, and to demonstrate that the psyche of the individual is but the expression of its organism. Mentioning the old idea, that considers consciousness as a fundamental property of the

soul or spirit, only to abandon it, he supports the hypothesis that each conscious state is a complex phenomenon which presupposes a particular state of the nervous system as its fundamental condition; that nervous activity is far more extensive than the psychic, and that, therefore, consciousness is something super-imposed, an epiphenomenon arising from nervous activity. He accordingly insists that the elements of personality are to be sought amongst the most elementary phenomena of life, that it is the "organic sense, the sense of a body, a *corpus*, ordinarily vague and obscure in us, sometimes sharply defined, which is the basis for the psychic individuality of each animal." He thinks that we are not absolutely unconscious of the exercise of the organic functions, but that they produce in us vague but massive sensations which inform us without remission of the actual existence of our own body; they are the physical bases of personality.

In dealing with diseases or abnormalities of the personality he says: "If we admit that the organic sensations proceeding from all tissues, from all organs, from all movement—in a word, from all the states of the body—are represented in some degree, in some form, in the sensorium; and if psychic personality is naught else than their totality, it follows that it should vary with them and according to them, and that these variations are of all possible degrees, from a simple malaise to the complete metamorphosis of the individual. The examples of double personality are merely extreme cases." He discusses the condition of the personality in dreams, in exalted and depressed conditions of the system, in such alterations as produce a sensation of bodily annihilation, of impending collapse, of being surrounded by a cloud, of lightness or heaviness of the body, of double personality, &c. The personality of monsters and of twins forms the subject of two interesting sections. All are made to illustrate the main contention that *as is the organism so is the personality*.

The organic sensations which are the basis of the personality have, in the course of evolution, added to themselves sensations from the external world which are interwoven with them, and with them form a complexus represented physiologically by neural connections and arrangements, and psychically by desires, emotions, and ideas, groups of which

are in turn present in consciousness and compose the various states of consciousness; the successive occurrence of which, linked together by memory and by the ever present organic sensations underlying them, are the cause of the feeling of *identity*, the persistence of the *ego*. Only a small part of the total personality emerges into consciousness at any one time; the ego is revealed to us at each instant under a single aspect among several possible aspects, and there is a large area which never comes into consciousness unless under exceptional, circumstances. There is, in present-day language, a large portion of the personality which is habitually *subconscious*. Diseases of the personality, such as the cases of alternation or substitution of an alien personality, are due to the emerging into consciousness of subconscious groups, which become dominant to the exclusion of the ordinary states. The patient becomes to all around him a different person, and this new aspect of his personality may either persist or, as is more usual, may alternate with his normal condition. In some cases several different phases of personality succeed one another—it may be as many as five or six in number—all unknown to each other and with separate memories. These abnormalities of the conscious personality are caused either by some disturbance of organic sensation or are induced from without, as by suggestion in the hypnotic state. In the latter case they are much more evanescent than in the former.

Dr. Ribot sums up his thesis as follows: "It is the organism and the brain—its supreme representative—which is the real personality, holding within it the residue of all that we have been, and the possibilities of all that we shall be. The whole individual character is inscribed there, with its active and passive aptitudes, its sympathies and antipathies, its talent or its folly, its virtues and vices, its torpor and its activity. That which rises to the plane of consciousness is small in comparison with that which remains latent but active. The conscious personality is never more than a small part of the physical personality. Unity of the ego, then, is not the unitary entity of the spiritists, diffused in multiple phenomena, but the co-ordination of a certain number of states unceasingly renascent and based solely on the vague body-sense. This unity does not progress from above downwards, but from

below upwards ; it is not an initial, but a terminal point. The unity of the ego in the psychologic sense is therefore the cohesion during a certain period of a certain number of distinct states of consciousness, accompanied by others less distinct, and by a mass of physiological states which, though not accompanied by consciousness, as are their congeners, are as active as they and more so."

The above will give some idea of the scope of Dr. Ribot's work, but it should be studied intimately as it is well worth attention by those interested in the subject, and our thanks are due to Dr. Shedd for having placed it within the reach of the profession here and in the United States.

Homœopaths especially are indebted to Dr. Shedd, for he has annotated Dr. Ribot's text by appending footnotes, in which passages from the *Organon* and *Chronic Diseases* are quoted, showing how closely Hahnemann's ideas as to the organism in health and disease resemble those of modern pathology. Dr. Shedd has also extracted from *Kent's Repertory* the medicines given under the rubrics for the various mental illusions and emotional states, and placed them as footnotes to the pages where these are considered.

With regard to the translation, we could wish that Dr. Shedd had used a simpler vocabulary and had not so great a *penchant* for barbarous and unusual words. He uses such words as opponent for opposite, automat for automaton, degenerucence for degeneracy, un-understood for not understood, conscience for consciousness, psychologistics for psychology, experimentation for experiment, and such uncouth terms as isolatedly, difficultly, bruskiy, illy. This detracts from the pleasure and ease of reading what is in itself a very interesting book. The print is good and shows careful proof-reading ; we have noticed only one typographical error. There is no index, but a sufficiently full contents table.

The Food Tract : its Ailments and Diseases of the Peritoneum.

By A. L. Blackwood, B.S., M.D., Professor of Clinical Medicine and Materia Medica in the Hahnemann Medical College, Chicago. Pp. 359. Cloth \$1.75. Postage 9 cents. Philadelphia : Boericke and Tafel, 1909.

This is a text-book on one special department of medicine, viz., diseases of the alimentary canal. It briefly describes

them and gives their treatment, physical and medicinal. The medicinal treatment is homœopathic. Operative treatment when necessary is indicated but not described. The author begins at the mouth and goes right through the food tract to the anus, giving a section in turn to the diseases of each part. There is a full table of contents and a good index, and the book is nicely got up. We have no fault to find with this work, but cannot help wondering why it should have been compiled. It contains nothing, except the homœopathic treatment, which is not found in any good modern text-book of medicine; indeed, most text-books give more information, and we cannot see why any practitioner who has on his book-shelves one of the many systems of medicine published within the last few years should desire to have this book in addition. On the other hand, a student reading for his examination should not be content with it, except as an introduction to a larger work. The homœopathic treatment is necessarily of a general character. To those who like these little books we can commend Dr. Blackwood's "Food Tract" as being practical, well-arranged, and up to date.

Surgery of Childhood. By Sidney Freeman Wilcox, M.D., Professor of Clinical Surgery, New York Medical College and Hospital for Women. Boericke and Runyon, New York and Philadelphia, 1909.

If books like the above are ever necessary, they can only be regarded as necessary *evils*. The author of the "Surgery of Childhood" is a member of various, more or less learned, societies, with the word "homœopathy" tacked to them, including the American Institute, but the title-page is the only place where we can discover any homœopathy. No note is made of the fact that the *surgery of childhood* has been revolutionized by homœopathy—revolutionized, comparatively speaking, almost to the vanishing point. No hint is given that there is a more excellent way than cutting and carving by which to heal the diseases of the suffering little ones—no suggestion that the surgeon (as here depicted a sort of glorified carpenter) would fulfil the end of his being (presumably the healing of the sick) much better by handing most of the cases here discussed into the hands of a homœopathic physician.

The book belongs to a type far too common in America—compilations badly done; a kind of patchwork quilt, a rag taken from this author, another from that, and so on, the whole being stitched into most fantastic shapes, and when finished containing every colour under the sun, and very little of either. Such a book is far from satisfying us, though such seem to find a congenial soil in America; they certainly would not in this country.

The work, we are told, is "profusely illustrated." That is true, but most of the illustrations are execrable. In this matter we prefer quality to quantity. The source of a few of the illustrations are quoted, but of the great mass no such information is given; and whether they are the author's own or not we do not know, but we think it was his clear duty to state their origin, in case some altogether innocent person might perchance be blamed for them.

We are quite ready to admit that surgery is at times useful, and occasionally all-important; we also admit that a surgeon who is a homœopath should have an immense advantage over a surgeon who is an allopath. But alas! "most homœopathic surgeons" are *not* homœopaths, and so this great potential advantage is lost, more's the pity.

Notices, Reports, &c.

HOMŒOPATHY THE MEDICINE OF THE FUTURE.

THE public introductory lecture of the second year's course given under the auspices of the Trustees of the Fund endowed by the late Mrs. Honyman-Gillespie for Professional Education in Homœopathy was delivered at the Homœopathic Hospital, Great Ormond Street, on October 28. The lecturer, Dr. George Burford, took as his subject "The Medicine of the Future: Coming Events that cast their Shadows Before." After referring briefly to the almost hopeless state of the practice of medicine fifty or sixty years ago, the lecturer traced its failure to the pursuit of a method inappropriate to the facts. Hahnemann had applied first the inductive than the deductive

method of reasoning, and had demonstrated a new method of discovery—namely, experiment on the healthy, not on the sick. Even now we had not taken full advantage of the light this demonstration was capable of throwing on the paths of research in medicine. This was due to the pioneer having worked a century ahead of his time. The passive phase in the history of homœopathy should have ended with Pasteur, and he had no hesitation in affirming that Homœopathy was even now but a bald and elementary fragment of what it was destined to be. The homœopathic idea was fulfilling itself in many ways, acting as the *Zeitgeist* of medicine. Since Hahnemann's time the pace of discovery had been phenomenal, but to him belonged the priority. All independent discoveries of late years had confirmed the law of similars, or "like cures like," as the unifying conception.

"WHY DO WE DIE?"

Attempting to visualize the future, the lecturer recalled that a Frenchman with a Russian name—Metchnikoff—had asked the question, "Why do we die?" and had stated that practically we commit suicide by harbouring countless myriads of virulent bacteria in our economy. He had asserted that, given preventive measures, the normal length of life should be 120 years. These preventive measures consisted partly in selecting a diet which would keep the body free from such bacterial toxæmia. The lactic acid bacillus was most useful in this direction: hence the suggested use of sour milk. The medicine of the future would concern itself less with cure than with prevention. How was homœopathy forwarding this effect in the case of tuberculosis and cancer? Fifty thousand persons had died of consumption in England last year, and each of those deaths was a censure on the remissness of the individual or the State. It was known that this disease could be cured if taken in its early stages. On the average every tenth person died of cancer, yet inasmuch as there were on record 200 cases of spontaneous recovery from this disease, it should not be termed "incurable." We knew it was not infective, and also that at some times we were much more liable to cancer than at others; but, so far, no routine cure had been discovered, though X-rays and radium had been proved to be

most beneficial. Workers were labouring night and day all over the world on the problem.

THE INVASION OF THE BODY.

Foreshadowing the probable method of cure and protection, Dr. Burford drew a parallel between the case of invasion of a country by an enemy and the invasion of the body by disease. The body automatically took protective measures, and it was on the problem of finding out precisely what these measures might be that all attention was now concentrated. After an attack of infective disease had been successfully repelled there remained in circulation in the body for a variable time materials offering increased resistance, and the object of modern practice was to organize such a protective force in times of health. In the case of tuberculosis, the safe and satisfactory protection and cure had been found to be an infinitesimal dose of its toxins—a point which was in striking confirmation of the principle of homœopathy. What was desired to complete the scheme of preventive medicine was the knowledge of the physician, an enlightened public opinion, and, behind that, the strong arm of the law to enforce protective measures of health. In Edinburgh the mortality from tuberculosis had been reduced enormously owing to the co-operation of these factors. That showed what could be done if the State were to insist that no man had a right to place his physical health in jeopardy.

In the absence of the Lady Mayoress, who, with the Lord Mayor, had intended to be present, but was detained at the Mansion House, the chair was taken by Mr. R. Henryson Caird, J.P., who proposed, and Mr. Urquhart, one of the Trustees of the Honyman-Gillespie Fund, seconded, a vote of thanks to the lecturer.

BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the Session was held at the London Homœopathic Hospital on Thursday, November 4; Dr. Stonham, Vice-President, in the chair.

Charles Samuel Spencer, L.S.A.Lond., L.M.S.S.A.Lond., of Ashton-under-Lyne, was unanimously elected a member of the Society.

Dr. E. A. Neatby showed a specimen of an ovarian cyst which he had removed from a lady aged 42, who was admitted into the hospital complaining of pain in the epigastrium and right hypochondrium, and with a temperature of 102° F. After four hours jaundice came on, with dark urine. On October 27 the abdomen was opened by median incision, and a pale-bluish-coloured ovarian cyst was disclosed which reached high up in the abdomen, and was found to be adherent to the right anterior parietes, the under surface of the liver, and to coils of the intestines. It was impossible to remove it whole, and it was therefore bisected and the upper portion was removed through a fresh wound made near the edges of the ribs, as the tumour could not be dissected from its numerous attachments through the first incision. The patient made an excellent recovery.

Dr. T. Miller & Neatby then read a paper on "General Tuberculosis in Adults." The paper was based on 110 cases which had been collated and carefully analyzed by himself, and is a valuable contribution to our knowledge of this somewhat unusual disease. He remarked on its insidious onset and the absence of definite symptoms. Its most important etiological factors are age, under 40 usually; alcoholism, causing a diminished resistance in the tissues; influenza; child-bearing, which often causes generalization of tubercle hitherto confined to the Fallopian tubes; operations on sinuses, glands, and fistulæ ani, and spinal caries. The onset is usually gradual, but is sometimes of extreme suddenness, and is then of the meningeal type. The most prominent symptoms are: (1) Dyspnœa, the most common cause of which is general miliary tuberculosis, but the lungs may possibly be full of tubercles without there being any dyspnœa; it is probably due mainly to toxæmia. (2) Cyanosis, a notable symptom, also most probably due to toxæmia chiefly; there is generally dissemination of tubercles through the lungs. (3) Fugitive râles, which are often the only physical signs. (4) Cough, which is hollow, dry, scanty, with whitish mucus; cough may be entirely absent. (5) Prostration altogether out of proportion to the severity of other symptoms; sometimes it is displayed as paraplegia, partial or entire. (6) Emaciation, which rapidly progresses. (7) Cirrhosis, present in a few cases,

and sometimes associated with ulcers in the intestines. (8) Joint symptoms resembling acute rheumatism. (9) Sciatica, in some cases of which there was caries of the sacrum or ilium, with or without sacro-iliac disease. (10) Tenderness of the muscles, which is probably due to a tubercular myositis; it is not caused by alcoholic neuritis. (11) Ehrlich's diazo-reaction was found in five cases out of nine urines examined for it; a fact which shows that the diazo-reaction is not pathognomic of typhoid fever. (12) Retention of urine found in eight cases, in four of which there was meningitis found *post mortem*; and possibly in the other cases meningitis was present in some degree. It is to be considered as a meningeal symptom. The two diseases for which general tuberculosis is most likely to be mistaken are enteric fever and influenza, the resemblance to both being sometimes very close. In any case, the disease is very likely to be overlooked and the symptoms, attributed to a local lesion only. In only 7 out of the 110 cases was a complete and correct diagnosis made.

Treatment should be carried out on homœopathic lines, the prescription being based on a complete study of all the symptoms, remedies such as *tuberculin*, *calcareo*, *phosphorus*, *iodine*, *arsenicum*, &c., being those most commonly indicated.

A discussion followed in which Drs. Byres-Moir, Blackley, Ord, Eadie, Hey, Jagielski, and Weir took part, and Dr. Miller Neatby replied.

THE BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

SUBSCRIPTIONS and Donations received from October 15
to November 15, 1909.

| GENERAL FUND. | | | | Subscriptions. | | Donations. | |
|--|-----|-----|-----|----------------|-------|------------|--------|
| | | | | £ | s. d. | £ | s. d. |
| Dr. A. G. Sandberg | ... | ... | ... | 1 | 1 0 | ... | 2 2 0 |
| Dr. Roberson Day | ... | ... | ... | 0 | 10 6 | ... | — |
| W. Wilkinson, Esq. | ... | ... | ... | — | — | ... | 25 0 0 |
| The Earl of Dysart (for Scholarship in connection with the Honyman-Gillespie Course)... | | | | 1 | 1 0 | ... | — |
| Miss Emily Robertson | ... | ... | ... | 1 | 1 0 | ... | — |
| Miss Hervey | ... | ... | ... | 1 | 1 0 | ... | 1 1 0 |
| Miss E. Shadwell | ... | ... | ... | 1 | 1 0 | ... | — |
| LADIES' BRANCH. | | | | ... | ... | ... | 1 1 0 |
| Collected by E. L. Vinden, Esq. | | | | ... | ... | ... | ... |

The Council met on Wednesday, October 20, and the Executive Committee on Wednesday, November 10.

An interesting lecture was given by Dr. James Johnstone, M.B., C.M., F.R.C.S., at Chalmers House, on Wednesday, November 10, at 8.30 p.m., entitled "Hahnemann's Life," a sketch illustrated by lantern slides.

[LADIES' BRANCH.]

KENLEY STREET DISPENSARY.

THE Kenley Street Dispensary has now completed its first eight months of work, and the Committee feel they can congratulate themselves on its steady progress. Each month shows how the Dispensary is gaining ground, and the Committee will soon have to seriously consider the question of a move into larger quarters. We shall endeavour, however, to stay where we are till next August and move during the slack season.

It has been suggested that an analysis of patients for these eight months would be of interest to subscribers. It runs thus, from March 1 to November 1 :—

| | | | | |
|--------------------------------|-----|-----|-----|-----|
| Patients paying 1s. per visit | ... | ... | ... | 46 |
| " " 6d. " | ... | ... | ... | 46 |
| " " 9d. " | ... | ... | ... | 3 |
| " " 3d. " | ... | ... | ... | 2 |
| " " 1d. " | ... | ... | ... | 598 |
| • Total of visits paid for ... | ... | ... | ... | 695 |

The total of attendances for the same period is 727, thirty-one patients having taken advantage of our rule of giving four treatments for the price of three if paid in advance, except in the case of penny patients who pay 1d. for each visit; they are also obliged to bring cards signed by some known parish worker. Of course, even with this precaution it is possible we take some "pennies" who could pay more, but every reasonable care is exercised, and our Secretary's knowledge of the district is invaluable to us.

We have had one half-crown patient. This case did not seem to be a suitable one for dispensary treatment. Ours is a *charity* dispensary—the payments in no case covering the expenses—and if we treat the well-to-do, we undersell the doctors in a way of which we strongly disapprove. Our

Secretary, therefore, asked the fee which would have been paid by such a patient to a doctor, with the result that there has been no second visit.

We greatly hope as time goes on we shall get more 6d. and 1s. patients, especially as before long we shall have to keep open for more than an hour and increase our salaries accordingly. One day we had twenty-eight patients, our average up to date for November is fourteen a day.

In presenting this short report, the Committee feel that it is not complete without a few words of acknowledgment to the Staff. No amount of Committee work or subscriptions could make the Kenley Street Dispensary a success without the whole-hearted help of the active workers. Our Doctor, Secretary, and Dispenser spare themselves no trouble, and really make the welfare of the Dispensary their first thought. Their great endeavour seems to be to insure the maximum of success with the minimum of expense to the subscribers, and we owe them our warmest thanks for all they are doing for us.

October : Patients, 81 ; attendances, 242.

THE NATIONAL HOMŒOPATHIC FUND.

| | Subscriptions. | | | Donations. | | |
|-----------------------------------|----------------|----|----|------------|----|----|
| | £ | s. | d. | £ | s. | d. |
| S. J. M. (per Dr. Stonham) | — | — | — | 10 | 0 | 0 |

THE PHYSICIAN'S DIARY AND CASE BOOK FOR 1910.

We have received a copy of this most useful and beautifully bound diary from Messrs. Keene and Ashwell, of 6, South Molton Street, W. It consists of an almanack for 1910, with a great deal of very useful information, including stamp duties, Post Office information, &c. The chief bulk of the book, however, consists of a Diary, and Case Book of over 200 pp., with an Index. Not the least of its merits is the fact that there is a leaf of blotting paper between each pair of leaves of the diary. We strongly recommend this book to our colleagues, and hope that each of them will, without fail, and at once, secure a copy. The handsome appearance of the book will add credit to any desk, and will encourage us all to take full notes of our cases—a duty, we fear, that some of us are apt to neglect.

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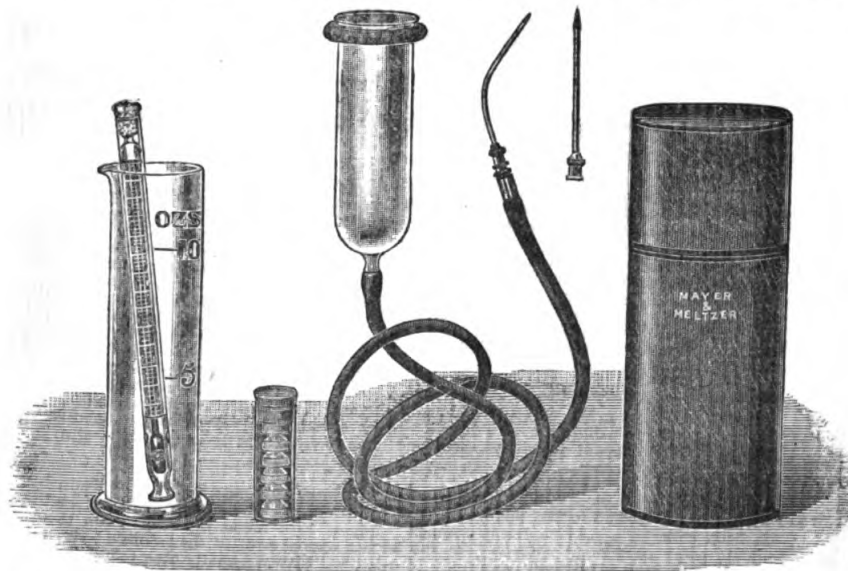
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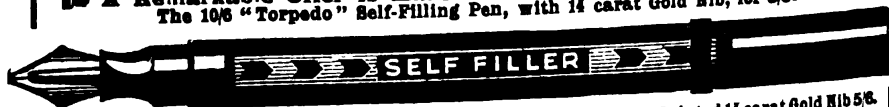
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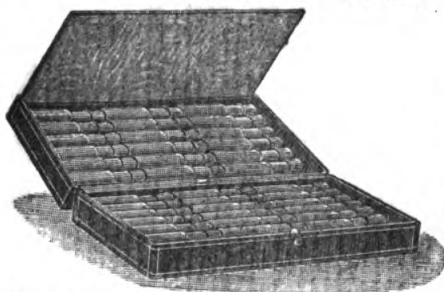
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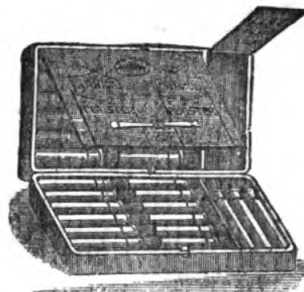
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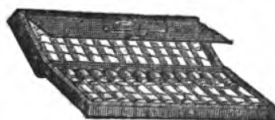
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